

GONORRHEA
AND
SEXUAL DEBILITY
IN MEN

By DR. FERDINAND HERB





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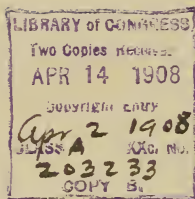
DR. FERDINAND HERB

AUTHOR OF

**Female Diseases, Their Prevention and Cure;
The Care-Feeding of the Baby, Etc.**

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IN DEEPEST SYMPATHY,
THIS BOOK IS DEDICATED TO THAT
MOST UNFORTUNATE PORTION OF PURE WOMANKIND
WHO HAVE BECOME, AND DAILY ARE BECOMING, THE INNOCENT
VICTIMS OF THIS LOATHSOME AND DREADFUL DISEASE,
THE PREY TO THE "WOEFUL IGNORANCE"
OR "DEPLORABLE LEVITY"
OF MEN.



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PREFACE.

*Ignorance is darkness;
Knowledge is light.*

According to carefully compiled statistics, 75 to 95 per cent. of the male population of the larger cities have suffered, or still suffer, from sexual disease, gonorrhea or syphilis. This appalling fact has of late aroused most energetic efforts to check this rampant evil. Much has been said and written on the subject, medical men have gathered for discussion, and preachers and teachers have been called into consultation to devise some measure of relief. All concurred that so long as the present dense ignorance in regard to the very elements of sexual matters prevails; so long as an ill-timed prudery withholds knowledge and hides the vice from view, improvement must remain impossible. "Enlighten the public" became, therefore, the ringing slogan.

Opinions have differed, and still differ today, as to how this end shall be attained. Public meetings have been held, teachers have taught their pupils, preachers have preached from the pulpit, thousands upon thousands of dollars have been

expended in these and similar laudable efforts; but little concrete good has been accomplished. And this largely because that very element which needs enlightenment most could not be reached; the element which does not care to go to public meetings, which cannot be impressed with the scanty and rather theoretical knowledge imparted by the carefully worded warnings of preachers and teachers.

Besides this concerted action, some single handed efforts have been made to reach the coveted goal. A number of books on sexual matters have been published. Some of them are good and deserving; but who in the tenements will read them? Very few; for they are written for the select, the educated. The book that can successfully meet the issue and get results must, first of all, get the attention of the masses.

To accomplish this end, it must not only reveal to the people the dire and ruinous consequences of sexual disease, but also impart practical and useful knowledge, readily applicable to the given case. In other words, it must give the people what they want, namely: Prescriptions, with instructions how to use them intelligently. Thus induced, the public will buy the book and read it. Then, the audience being secured, they can be taught the much needed lesson.

There, no doubt, are those who disapprove. But giving prescriptions and detailed instructions for self-treatment seems to afford the only practical means to strike off the fetters from that great throng of sexual sufferers which at present is hopelessly bleeding in the clutches of unscrupul-

ous manufacturers of patent medicines, so-called "Medical Institutes," "Progressive Medical Associations," "Advertising Specialists," and—we are sorry, but in duty bound, to say—of that great part of the medical profession which still today sadly underestimates the seriousness and far-reaching consequences of sexual disease. These medical men are, indeed, one of the most serious obstacles in the path of progress. We cannot decry with terms sufficiently strong those licensed practitioners who share with, and confirm, the public in its belief that "gonorrhea is but a trifling matter." To detract from the seriousness of this disease by those who are taken as the undisputed authorities means upholding frivolous carelessness and placing a price upon the ruin of the family.

We do not stand alone in these statements, but are fully borne out by others, as for instance, Prince A. Morrow, the best known American authority on the social effects of venereal disease. In a paper read before the New York State Medical Association, May 15th, 1905, he says:

"I will venture the statement that there is no class of diseases in any department of medicine which in the past has been so neglected, mismanaged or received such routine and unscientific treatment as the venereal class. Many physicians still look upon gonorrhea as a trivial affection, and their entire armamentarium consists of a glass syringe and half a dozen or more formulæ for injections."

Exaggerations have been carefully avoided and facts stated only as thoroughly approved by

the majority of authorities. Many of their pertinent statements have been cited verbatim in verification.

All illustrations are given in outlines only in order to avoid all possible objection on the ground of obscenity or vulgarity.

FERDINAND HERB, M. D.

PART I.

GONORRHEA.

CHAPTER I.

HISTORICAL INTRODUCTION.

Diseases of the sexual organs are as old as our traditions. We find them mentioned in both the Old and the New Testament. The savants of the Greeks and Romans allude to them. It is, however, not until the middle ages, the fifteenth and sixteenth centuries, that we meet in history with the first half-way accurate description of venereal disease. Prudery and a kind of religious awe deterred from fuller investigation. It seemed desecration to lift the veil from this festering sore on the body of mankind.

For this reason, little or nothing was definitely known as to the nature, origin and mode of transmission of these diseases until within comparatively recent years. Up to the beginning of the nineteenth century, the identity of all venereal diseases, that is, of Gonorrhea, Soft Chancre and Syphilis, was universally accepted.

A change in this condition of affairs was brought about when Philippe Ricord, of France, began his extensive investigations in the hospital of Paris. He was soon able to prove conclusively that Syphilis and Gonorrhea are two entirely different diseases, caused by wholly different contagions.

This was the first great step in the right direction. Even this great master, however, continued to class all venereal sores in the same category and confused Soft and Hard Chancres as one and the same ailment.

The separation of these two last named diseases was reserved to Bassereau, a pupil of Ricord, who advanced the now universally accepted doctrine that Soft and Hard Chancres are also two entirely different lesions, defining the first as purely local and comparatively harmless, the second as the first stage of that dreaded constitutional malady, Syphilis.

Thus, we arrive at the point on which science stands today, namely, that Gonorrhea, Soft Chancre and Syphilis are three distinct diseases, differing from each other respecting their cause, origin and clinical manifestations.

CHAPTER II.

PREVENTION OF VENEREAL DISEASE IN GENERAL.

The prevention of venereal disease in general may, at this point, receive brief attention.

A man with clear vision will in broad daylight, no doubt, avoid obstacles over which, when blindfolded or in deep, impenetrable darkness, he may easily stumble and fall.

So it is with the prevention of all disease and in particular of sexual disease. Ignorance is the darkness under the protection of which disease and vice flourish and spread. With knowledge comes that light which makes visible, and enables us to avoid, those alluring but dangerous, bottomless pitfalls of sexual temptation which beset the path of the unwary wanderer through life.

Knowledge, therefore, is the first and most essential requisite for an effective prevention. This means, however, not only the knowledge of the few, the educated, but knowledge disseminated generally among the masses, as to the dire, ruinous consequences which ruthlessly follow in the wake of venereal disease.

“It is the experience of all medical men”—says Prince A. Morrow (Journal American Medical Association Vol. 44 Page 676)—“that ignorance is responsible for a large proportion of infections in the young, and that enlightenment, which would engender a wholesome fear of these diseases, would prevent thousands of them from exposure.”

“This education would not only serve as a preservative against exposure to infection, but it would constitute the most valuable prophylactic measure against its introduction into marriage. The vast majority of men, who carry disease and death into their families from uncured venereal diseases, do so ignorantly. A general diffusion of knowledge regarding the nature and danger of these diseases, the duration of their contagious activity, and the terrible consequences to their wives and children, would be largely instrumental in preventing these social crimes.”

Enlightenment once diffused, it becomes easier to dispose of the second important subject, that is, our attitude towards prostitution. We may, or may not, concede that prostitution is necessary; the fact remains that it has existed since the day the human race sprang into existence and will continue to exist so long as human beings inhabit this globe. No penalty, no fine, no imprisonment, not even the death sentence imposed by some primitive races, has been able to suppress this so-called “vice.” It is, after all, a necessary evil. Much, indeed, could be said in favor of Lecky, the English moralist, when he asserts that the prostitute, while the supreme type of vice, is ultimately the

most efficient guardian of virtue. And when in his "European Morals" he continues: "But for her, happy homes would be polluted, abortion and infanticide would increase, unnatural and most harmful practices would abound," he strikes a concordant note in the heart of many a broad-minded student of human society. It is, indeed, a fair-minded conception of prostitution, lofty and worthy of the great man; a conception repeatedly borne out by practical experience. A forcible illustration we find in the history of Frankfort, Germany. An effort was made there in the 18th century to suppress prostitution by closing the bawdy houses, punishing the offenders with heavy penalties and expulsion from the city, etc. This course led to such a marked demoralization of the entire population that the better element and the police could cope no longer with the situation, and after numerous, fruitless other attempts at redemption the re-opening of the resorts referred to was again permitted as the only salvation (Hanauer: *Die Geschichte der Prostitution in Frankfurt A. M.*).

Why, then, shut our eyes against this "necessary evil?" Is it not better to look it squarely in the face and grapple with the problem in an intelligent way? Is it not better to minimize its dangers than to try to dispute its very existence? And these dangers can be greatly minimized, indeed, by a strict and intelligent control over the prostitutes. But the control should not be a private one. To be effective, it must be a municipal or state control. There exists now in most of these houses a sham-control. A private physician, selected and hired by the keeper of the house,

examines the inmates weekly and duly hands them their "Clean Bill of Health" in the form of a card, signed by him, to the effect that Miss So and So has been examined on this or that day and found to have no venereal disease. These statements are universally, by the police and the public, taken as correct. But what does the farce amount to? If the physician would do his duty and announce those sick who really are sick, he would lose his job. But since they are in the business to make money, most of those who do this unsavory work suppress their qualms of conscience and pocket the fee rather than to be the true protectors of the public. These sham examinations serve to throw sand into the eyes of a confiding public, but should lull no one into a seductive feeling of security. The real fact, as forcibly demonstrated by statistics, is that 80 to 90 per cent. of all prostitutes suffer either from gonorrhea or syphilis.

European countries are dealing differently with this perplexing problem. Physicians with a fixed salary, absolutely uninfluenced by the results of their findings, make an independent and rigid examination two to three times a week of all those who are under police control, that is to say, not only of the inmates of bawdy houses, but also of those straying prostitutes who ply their trade in separate, private quarters. None of them is exempt from these examinations, and a heavy fine or imprisonment is imposed upon those who fail to present themselves at the proper time. Those found sick are immediately removed to the hospital and kept there until cured.

The main objection raised against this way of

dealing with the problem is the contention that government control means government sanction. Such an assertion, however, is unjust and not founded on fact.

We have dwelt upon these matters at some length as legal measures of the kind proposed cannot be enacted, much less adequately enforced, without the sentiment of an educated public behind them.

A few words more to you, father or mother or brother of a marriageable girl! It devolves upon you to protect the confiding, innocent being from that dreadful fate which annually befalls many thousands of brides. Healthy and blooming they enter the flowery gates of wedlock with a charming smile, but soon turn pale in lingering death, stung by that venomous viper, called: *Gonococcus*. There is no need of such terrible sacrifices on the altar of "Ignorance" as we show in the following pages. They can and should be forestalled. And it is your duty, father, mother and brother, to do it. The task is easy. No national nor state law need support, nor will hinder you to ask for a "Clean Bill of Health" from the future groom of your daughter or sister. Do not quail because you know him from boyhood as honest and upright; do not quail because he is your friend; do not quail because he looks and acts innocently,—ask for the Clean Bill of Health and ask it to be given by your own physician and not his, by a physician whom you know to be honest, serious, conscientious, incorruptible, and not by one of those frivolous and careless medical practitioners who consider gonorrhea but "a little dose."

What national and state legislatures failed to do, do yourself individually: Protect the unwary bride against the murderous onslaught of gonorrhea.



CHAPTER III.

IMPORTANCE OF GONORRHEA.

The importance of gonorrhea can hardly be overestimated, but it is generally sadly underestimated. "It's only a little dose," says the unsuspecting patient. "It's only a little dose," repeats the ignorant or conscienceless physician or quack.

Let us see what those who KNOW say on the subject.

"Gonorrhea, often considered proper subject for jest and ridicule, fills our institutions of the blind with its victims and brings to the operating table of the gynecologist the largest proportion of his patients, the innocent sufferer from the "indiscretion" and ignorance of youth. The effect of this festering mass of disease on the future welfare of our race is more than a subject for speculation. Its destructiveness has been observed in the past, and there is reason to believe that it is even now threatening that enormous vitality which has given supremacy to the Anglo-Saxon people." So says the editor of the Journal of the American Medical Association, the most influential medical paper in the United States. See Vol. 47, page 512.

Prince A. Morrow, Emeritus Professor of

Genito-Urinary Diseases in the University of New York, in a paper read before the New York State Medical Association, May 15th, 1905, expresses himself thus:

“The pathological liabilities of gonococcus infection are scarcely less formidable. Passing by the local inflammations, the articular and systemic complications in the male, let us consider only those results of infection which go to make up the saddest chapter in the martyrology of married women. The undeniable and scientifically demonstrated danger of gonococcus infection in women is that it causes 80 per cent. of all deaths from inflammatory diseases peculiar to women, practically all the pus tubes, more than 75 per cent. of suppurative pelvic inflammations and 50 per cent. of all gynecological operations performed by the surgeons, to say nothing of the large number of women who drag out a miserable existence of invalidism.”

“Its effects upon pregnancy and conceptional capacity are most disastrous; 20 to 30 per cent. of gonorrheally infected women abort; from 45 to 50 per cent. are rendered irrevocably sterile.”

“The social dangers following gonococcus infection in women are not limited to its effects upon her health and productive energy, but are manifested further in the infective risks to her offspring; 80 per cent. of the blindness of the newborn and 20 per cent. of this terrible affliction from all causes is due to the gonococcus infection, as well as the large proportion of vulvovaginitis and joint affections occurring in children.”

Joseph Taber Johnson, M. D., of Washington,

D. C., in a paper read before the American Medical Association, June, 1904, states as follows:

“The effect of gonorrhea on the female generative organs has been so destructive that no successful contradiction is feared when the belief is expressed that no disease in modern times has caused so much indirect mortality, mutilation and suffering, both mental and physical, as gonorrhea.” And later:

“ It is estimated that from 40,000 to 50,000 prostitutes die annually. While much of this mortality may be due to the results of dissipation and natural causes, at least 30 per cent. of this mortality is due to the direct effects of gonorrhea.”

“It is estimated 110,000 deaths occur annually from tuberculosis in our country, 107,000 from pneumonia and 43,000 from typhoid fever. While there are no statistical reports of investigations of the mortality due to the infections and ravages of gonorrhea on the female generative organs, I have little doubt, if it can be ascertained, that the race suicide arising, directly or indirectly, from this disease would equal the mortality of any of these three diseases mentioned, and I am not sure that it would them all combined; if we take into consideration the depopulation caused by the one-child sterility and also the absolute sterility produced by gonorrheal inflammation of the uterus and its appendages.”

In the same vein speaks Professor Janet of Paris, the greatest living French authority on gonorrhea, and one of the greatest of all nations, when he says: “Gonorrhea with tuberculosis,

perhaps more than tuberculosis, is the great pest of our age."

These quotations may suffice. No further comment is required to show that these authorities do not consider gonorrhea "a little dose," but vie with each other in their expressions of the seriousness and gravity of the affliction.

The following pages tell more of this woeful tale.

CHAPTER IV.

IMPORTANCE OF GONORRHEA TO MEN.

Statistics compiled from hospitals and private sources show that the greater part of the male population of the larger cities at one time or another had, or still has, gonorrhea; that a great percentage of those infected contract more or less serious complications; and that a part of these latter result in irreparable injuries.

The loss of time, the annoyance from the discharge, the smarting and burning sensation during urination, the suffering from painful erections (chordee), etc., are but trifles in comparison with the complicating inflammations of the prostate gland, the seminal ducts, the testicles, etc. These latter are apt to bring home to some of the patients the realization that gonorrhea is something more than a trifling matter. But even the most thoughtless and superficial person is roused to this truth if inflammation of the bladder supervenes, and especially if the gonococcus succeeds in reaching the kidneys, causing Bright's disease, dropsy, etc. Then the danger to life begins and too late it dawns upon the sufferer that the "little dose"

is after all a most dreadful disease. Still more will he appreciate the seriousness of the "little dose" when he hears, or learns by experience, that the contagion of gonorrhea not only spreads by continuity to all the neighboring organs, enumerated above, but may also enter the circulating blood and attack almost any part of the body,—as, for instance, the joints. Many a cripple, limping helplessly on crutch or cane, unable to work and earn a living, an object of public pity, is a warning example of what one may get from "gonorrheal rheumatism," the direct progeny of the "little dose." Most dangerous is the contagion's attack upon the heart. No remedy will ever cure its consequences. If the valves in the interior of this organ are impaired, the lesion is permanent and another number is added to the long list of those lifelong sufferers who are paying a fearful penalty for a brief moment of passing pleasure.

The foregoing occurrences are by no means rare. Although the laity, unaware of the far-reaching consequences of gonorrhea, will hardly ever suspect the connection of a stiffened leg or arm, or a damaged heart, with the imperfectly cured gonorrhea, or a seemingly harmless gleet, the well informed cannot fail to find the missing link.

CHAPTER V.

IMPORTANCE OF GONORRHEA TO WOMEN.

The following lines are not intended as a treatise on female diseases, but are incorporated with a view to more thoroughly impress upon the mind of the uninformed and frivolous the enormous potential influence of the "little dose" upon the happiness of the home, the welfare of the family, the future of the offspring.

May they be a solemn object lesson and forever restrain those concerned from making light of a disease which has in its wake such a train of physical woes and mental anguish. How much sorrow, discontent, pain, misery and desperation would thus be averted; how many deaths be prevented; how enormous would be the benefit to the individual, the community, the state!

Not until within comparatively recent years did the realization of the importance of gonorrhea of the female organs dawn upon the more intelligent members of the medical profession. Noeggerath of New York was one of the first in the field. Extensive investigations convinced him that the majority of all ailments peculiar to

women were caused by gonorrhea. His essay on this subject, published in 1872, startled the world and stirred the medical fraternity into very active research for verifying or rejecting his assertion. The further investigation proceeded, the more substantial was found to be the truth of what, at first, seemed to be a vagary of a pessimistic mind. Indeed, of late it has been demonstrated that even a greater percentage of women is invalid through gonorrhea than this great master divined.

It seems almost impossible to believe, but it is borne out by the most careful and painstaking investigations, that of all operations made for inflammatory conditions of the inner female organs, the great majority is necessitated by gonorrheal infection. Professor Pozzi, the great French surgeon, stated that, according to his observations, almost all of the accumulations of pus in the Fallopian tubes, which had to be removed by abdominal section, had their origin in gonorrheal infection. Dr. Verchin, another celebrated surgeon, came to the same conclusion.

In 1901, the American Medical Association appointed a committee for the collection of statistics bearing on gonorrhea. The question: "What is the proportion of pelvic inflammations coming under your care which were attributable to gonorrheal infection?" was sent to all prominent gynecologists in the United States and abroad. Thirty-five replied. A few may be cited in excerpt:

Humiston attributed 90 per cent. of all inflammatory diseases of the female organs to gonorrhea; Dr. Price stated that in over one thousand abdominal sections for pelvic inflammation 95 per cent.

were attributable to gonorrhea; Pozzi and Frederic allowed only 75 per cent. Others give still less; but all agree that the percentage of cases of inflammatory conditions of the female sexual organs, attributable to the invasion of the gonococcus of Neisser, is enormous. It is found greater, the more carefully and conscientiously every case is studied. "These statistics"—says Prince A. Morrow—"be it understood, give no accurate indication of the prevalence of inflammatory disease of the female generative organs due to gonorrhea, as the percentage is for the most part based on cases requiring operative interference. They take no cognizance of the large number of infected women who for various reasons are not subjected to operation and continue under the care of the family physician, dragging out a miserable existence of semi-invalidism, subject to painful and difficult menstruation, no longer able to walk freely, condemned to pass their days of suffering in a reclining position, and after years, it may be, of this suffering, worn out and desperate, apply to the surgeon, who, at the price of the sacrifice of the uterus, tubes, and ovaries, renders their existence possible in making them castrated women."

The form in which gonorrhea appears in the female differs according to the virulence and the number of microbes implanted into the sexual organs. The greater the virulence, and the greater the number of gonococci, the more violent will be the symptoms.

We may, for a better understanding, distinguish three forms:

First, the acute form. Two to three days

after infection the outer parts begin to swell, become reddened and tender to the touch. Urination grows painful. A thick, greenish pus exudes from the vagina. It covers the outer parts and produces stiff spots in the underwear. Walking becomes distressful. After a few weeks or a month, pains in the back, the sides and in the region of the bladder appear. Sexual congress is extremely annoying and often impossible. Menstruation, up to this time regular and without discomfort, turns painful and is accompanied by more or less violent cramps and sharp cutting sensations. The blood, formerly fluid and bright, is now dark, intermixed with pus and often lumpy and liverlike.

Even if proper treatment is instituted in time and the progress of the disease can be stopped, improvement is slow. Urination gradually becomes less painful; the discharge gets whiter and thinner and less in quantity; the swelling of the outer parts subsides and the monthly period grows less distressing, but seldom is entirely free from pain until months or years have passed, or until the change of life brings an end to menstruation.

If, however, the disease progresses and the contagion finds opportunity to invade the Fallopian tubes and reach the ovaries and abdominal cavity, most lamentable conditions arise. The suffering is enormous. For weeks and months the most excruciating pains prevail. If recovery ensues, it is slow, very slow, and frequently interrupted by relapses. In many cases it remains impossible until serious operations have been resorted to.

Jullien, a prominent French specialist in female diseases, gives in his recent work "Gonorrhea and Marriage," as cited by Morrow, a vivid, but true, picture of the happenings of a wedding trip, typical of many like cases, on which pure, innocent women are permanently ruined by the infection with gonorrhea. After calling attention to the fact that in many instances the young husband, following the advice of his ignorant or careless physician, is wholly unconscious of the great danger to his young wife which lurks in the presence of his uncured chronic gonorrhea or gleet, he proceeds:

"Towards the third day after the first approach, the gonorrhea shows itself, the symptoms being the more manifest because they are complicated by the injuries of the defloration. The young woman hardly dares to complain, still less to demand an examination. Her husband, however, insists, with an ardor not difficult to understand, in continuing to exercise his rights, and every day he sows and reaps the evil seed which is developing. When she complains of an itching, burning sensation, both agree in attributing it to the defloration, and it is only when her sufferings and anxiety reach a high pitch, and she refuses to let her husband embrace her, that he in his turn begins to grow anxious and wants to know something about it. He looks and naturally sees everything, and understands nothing. The couple are on their wedding tour, perhaps in a foreign city. A druggist is consulted and gives a bottle of solution of boric acid or some other stuff equally ineffective; the inflammation increases. The victim

is driven nearly wild by her sufferings and by being repeatedly told that it is nothing—"that it is always like this at first." Can one imagine the distress of the innocent girl? She is young, almost a child, and it is the first time she has ever left her parents. She is with a man whom very often she hardly knows, and when she has submissively sacrificed to him all her sentiments of natural or acquired modesty she feels herself a prey to a malady as mysterious as it is painful and which makes her blush as much as it makes her suffer. A doctor is at last called in to examine her. He finds the mucous surfaces red and turgid, the folds swollen, the torn and bleeding remains of the hymen, and all bathed in pus. The picture is well known to all those doctors who practice in places resorted to on wedding tours, and for my part I have seen it often enough in Paris."

As illustrations of the acute type of infection let us cite the following actual cases: The first one is related by Morrow from a report of Dr. Garrigues, who says: "I knew a girl in perfect health, of great beauty, of Junoesque proportions, combining muscular strength with regularity of features and graceful movements, possessing a most amiable disposition—in brief, a paragon of a wife to make a husband happy. She married a nice young man in good business. It was a marriage based upon mutual affection and held out every prospect of a long and happy union. A week after her marriage she came to me with an abscess in one of Bartholini's glands and a profuse discharge from the uterus. She was under treatment for months. The abscess was opened and

drained; the uterus was washed out daily with powerful germicides, curetted, and drained, and finally treated with electricity. During her menstrual period she was seized with violent pain in the lower part of the abdomen and had a temperature of 105° F. and a pulse of 140. Two days later a swelling appeared in the pouch of Douglas. In a few more days the swelling appeared three inches above the symphysis. An incision in the vagina gave exit to a large amount of pus. The peritonitic infection continued to spread, and laparotomy was performed. Some pus foci were opened, but the appendages were so embedded in a mass formed by the uterus, the intestines, and newly-formed tissue that their removal was found impossible. Finally she died.

In many similar cases the patients recovered for the time being, but went on leading a life of invalidism interrupted by more acute attacks of peritonitis. Some get well after having their ovaries and tubes removed. This, then, is what awaits these poor women—discharges, inflammations, a life full of suffering, capital operations, or death.”

Then, Morrow, continuing, relates one of his own cases, thus:

“A case which came under the author’s observation some years ago may be cited as illustrating the foudroyante character of gonococcic infection characterized by rapid invasion of the annexial organs. A young man whom I had treated several years previously for syphilis and discharged cured, came to me four years later, stating that he was to be married in a month, and wished to know

whether there was any danger of infecting his wife or contaminating his children with syphilis. As he had had a thorough treatment and a long exemption from any accident, he was assured that he could marry with safety.

“Just as he was leaving he remarked: “Oh, by the way, I have had a little gleet discharge for three or four years! I suppose that will make no difference. Examination showed that he had a couple of strictures, with abundant filaments in the urine containing gonococci. Upon my protesting to him that marriage in his present condition was impossible, he insisted that it must go on, that all arrangements were made, that the marriage could not be postponed. It was then explained to him fully the probable and almost certain results of infection of his wife, with its serious consequences; but it was evident that these statements were received with downright disbelief. He assured me that he had had frequent intercourse with women and knew that they had not been infected by him. He was deaf to expostulations and protested, and the only concession that could be procured from him was that he would use a protective and begin an energetic treatment as soon as possible after his marriage. The marriage took place at the time appointed.

“A few weeks later he sent for me in great haste, saying that his wife was suffering horrible pain. Upon my visit I found a beautiful woman doubled up with peritonitis, with a profuse purulent discharge from the urethra, neck of the uterus, and evidences of purulent salpingitis. She was desperately ill for some two or three

weeks, and then got better. At his express insistence, she remained under my care for nearly a year. During that period she was an invalid, scarcely able to walk, spending most of the time on a sofa, and with each menstrual period was a recurrent attack of suppurative inflammation of the annexa. He was finally persuaded to consult a gynecologist, but as both he and his wife were anxious to have children an operation was deferred. She was a confirmed invalid for three years, and finally had her ovaries removed. She is now in miserable health, and will probably remain a life-long invalid."

"Now, these cases are drawn from life. Such histories are common, so exceedingly common that every physician of experience meets with them in practice. The experience of all gynecologists is concurrent in the conclusion that infection of the wife by latent gonorrhea in the husband is a most prolific source of illness in married women, often leading to invalidism, unsexing, or death."

So much for cited cases. Some more, seen by ourselves, will be given in later chapters of this book.

Second, subacute form. The subacute form presents itself in about the same manner, but is milder in all its manifestations. The pains are less, the discharge less conspicuous, the monthly period less distressing, and a greater tendency to recovery exists. The end is about the same: misery and invalidism.

Third, chronic form. This is the form most frequently found. It originates usually from the

little gleet discharge which is so contemptuously disregarded by the public at large. Importance is no longer attached to the little drop which appears occasionally in the morning. It seems so perfectly harmless, as it makes no pain or trouble. Why, therefore, hesitate to marry; isn't it rather an old, familiar friend?

But the gonorrheal contagion, furnished by many of those old and chronic cases, though attenuated in its virulence, is capable of rejuvenation. Lodged in the female organs, in the urethra or the neck of the womb, it lurks patiently until more favorable conditions allow it to regain its former strength and become more aggressive. The little discharge, the slight burning it causes, is attributed to a cold or so and soon forgotten, as it gradually passes away. Menstruation, however, remains in most instances, not in all, more or less painful. So it may, and very often does, happen that neither husband nor wife are aware of the imminent danger.

Serious complications develop gradually or suddenly, according to circumstances.

In the first instance, the discharge, whitish and slimy in character, remains stationary. It is more profuse and purulent just before and after the monthly. The periods become abundant in the course of time, with steadily increasing pain. Aches of all kinds and descriptions make their appearance. They are less in the intervals between the flows, more during their time. Bearing down feeling, pain in the back, in the sides, radiating down the legs and up between the shoulder blades, headache, nervousness, etc., etc., make life mis-

erable and weary. It is in such instances that friends and neighbors come to the conclusion that "married life does not agree with her." But it is not married life, it is that unfortunate and calamitous addition to married life, gonorrheal infection, which does not agree with her.

The cases are too common to cite instances. Look around, reader, in your own family, among your friends, acquaintances and neighbors. You cannot fail to find them. Being ailing all the time, having one attack of inflammation of the female organs after another, being under the doctor's care permanently, having the womb scraped a number of times, being cut and mutilated on the operating table, having the ovaries, Fallopian tubes, the womb removed, etc.—these are the earmarks to look for.

If, therefore, a man who married a healthy, robust girl, with normal, painless menstruation, sees his wife wither away from constant pain, exhibiting the above mentioned symptoms, he must not, as is frequently done, complain that he has nothing but troubles since he married, and that his wife spends all he can earn and more to doctors and druggists. He should first look back and examine his own record as to sexual diseases. Perhaps, he still has that little, ominous drop, or the lips of the urethra stick together in the morning, or some other sign of chronic gonorrhea (see later). The cognizance that he himself is to blame for all the misery will tend to make him kindlier and more ready to bear his self-created fate with less disgust and more respect for the innocent and unfortunate sufferer.

For a better understanding, we have brought to view in the following figures such changes of the female sexual organs, wrought by gonorrhea, as are frequently alluded to in the foregoing and following pages. They are reproductions of conditions actually found in diseased women.

The progress of chronic gonorrhea, however, is not always gradual and slow. The gonococcus may advance by leaps and bounds, if opportunity offers. This is the case at the time of the monthly

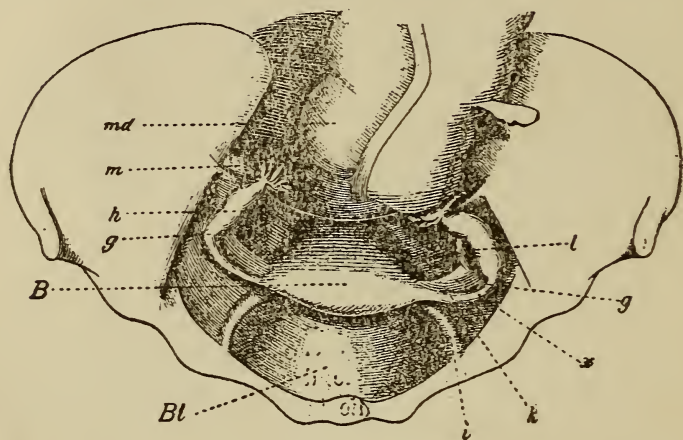


Figure 1. Female pelvic organs in a healthy condition.—According to B. S. Schulze.

B—Womb, Bl—Bladder, md—Rectum, m and l—Ovaries, gg—Fallopian tubes, through which the female egg passes on its way to the womb; i and k—Ligaments, which hold the womb in place.

period and, more especially, after confinement. The delivery of the child leaves the interior of the womb in a very vulnerable condition. It represents one great sore and is easily invaded by the contagion. The microbes, formerly too weak to advance, now find it easy to ascend from the neck

to the body of the womb, the Fallopian tubes, the ovaries and the abdominal cavity. Lodged there, they are beyond human reach, and conditions arise

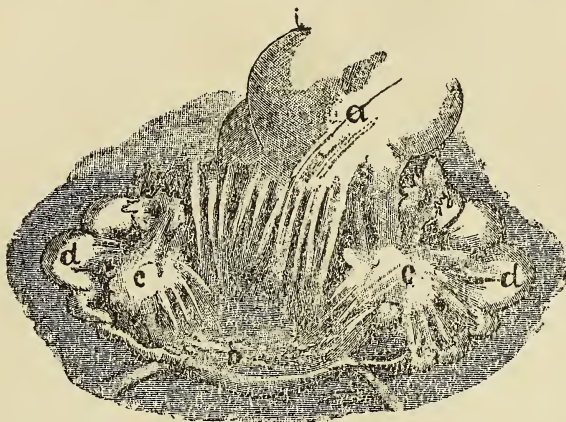


Figure 2. Female pelvic organs, distorted and grown together after an attack of gonorrheal inflammation.—According to Kuestner.

a—Rectum, b—Womb, cc—Ovaries, dd—Fallopian tubes.

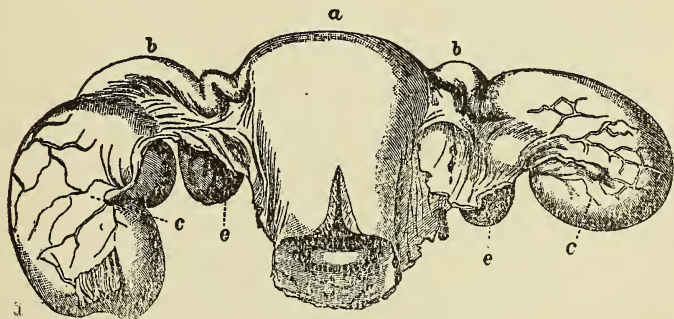


Figure 3. Fallopian tubes converted into pus sacks after an attack of gonorrheal inflammation.—According to Hennig.

a—Womb, bb—Fallopian tubes, slightly enlarged at end lying towards the womb, cc—Fallopian tubes, forming large pus sacks at end off from the womb, ee—Ovaries.

similar to those described in preceding pages.

The blame naturally falls upon the attendants. But a greater familiarity with the facts would in many instances relieve doctor and midwife of unjust imputations and put the blame where it belongs, namely, not to the uncleanness and carelessness of those intrusted with the care of the parturient, but with the merciless contagion, which, lurking in its hidden place, grasped the opportunity of invasion.

The following case, witnessed by the author, may serve as an illustration:

A young woman of moderate means, who as a girl had had no ache or pain and menstruated normally, showed a slight derangement of her monthly period soon after marriage. A discharge ensued, exacerbating before and after the flow. Pregnancy came in due time, and the child was delivered by a very careful midwife. In spite of all precautions fever developed. The physician summoned, found the young mother in a condition too serious to be treated at home and sent her to the hospital. Here, an examination revealed the following: Temperature 104° F.; lower abdomen extremely sensitive to the touch; womb larger than normal under the circumstances and very painful; ligaments swollen; right Fallopian tube converted into a pus sack the size of a woman's fist; ovaries imbedded in adhesions and also enlarged; defecation and urination extremely painful.

In spite of the most careful treatment, the condition of the patient improved but little, and, after six weeks of constant pain, day and night,

operation was resorted to. The pus tube and the right ovary were removed. Recovery was very slow and imperfect.

The examination of the discharge from the womb, and of the pus from the tube, left no doubt as to the true cause of the trouble. Both presented the microbes of gonorrhea in great numbers. Further inquiries brought to light that the husband had suffered from gonorrhea three years before marriage and, believing himself cured, never entertained doubt as to the safety of his wife. The revelation of the unmistakable fact came to him as a staggering blow; but the damage was done and remorse in vain.

CHAPTER VI.

DANGER TO THE OFFSPRING.

Although a child, infected with gonorrhea, is subjected to the same manifold ailments and complications as the adult, his eyes, principally, are endangered by the gonococcus. It is a peculiarity of this microbe to find in mucous membrane of the eye just as favorable a breeding place as in the urethra and the female sexual organs. If the contagion happens to be inoculated while the head is passing through the parts of the diseased mother or afterwards, a serious inflammation of the eye results, which, in many instances, terminates in blindness.

It is a pathetic and pitiful sight to see these fate-stricken children going through their lessons and doing their daily work in institutions devoted to their education. But more, infinitely more, pitiful is this sight if one considers that from 30 to 60 per cent. of these blind wretches owe the loss of their precious sight to that same microbe that caused their father's "little dose" and their mother's woes and misery. We glean from statistics that of 30,000 blind people in Germany about 10,000, and of 50,000 in the United States about

15,000, are doomed to the miseries of darkness and deprived of the priceless privilege of seeing the forms and faces of their loved ones, the objects about them, the brightness of the sunshine, through the infection with that terrible microbe: gonococcus.

As heart-rending as these facts may be, they are far from expressing the real extent of the misery wrought by this horrible and odious malady. Not every child taken ill becomes blind. In most instances, in which evil consequences remain, the vision of but one eye is diminished or lost. The multitude of those unfortunates who are more or less restricted in their capacity of earning a livelihood and who are hampered in their competition with their fellow-men, dragging out a miserable existence because of their "weak eyes," are not included in this enumeration. If it were possible to ascertain their number, we think that 100,000 would not reach the mark in the United States alone.

May these truths contribute their mite in convincing the public that the "little dose" is not a simple affair, but one of the most serious scourges that plague humanity.

CHAPTER VII.

STERILITY IN MARRIAGE.

According to Kisch (*Die Sterilitaet des Weibes*, page 271) 10 per cent. of all marriages are sterile. Computing five members to the average family, we have in the United States, with its 80 million inhabitants, about 16 million families. Of these, 1.6 millions are sterile. The percentage of sterility, caused by the ravages of gonorrhea, is about half of the total; that is to say, about 800,000 families are childless in the United States because the gonococcus made them so. These figures alone, without taking in consideration the infinite pain, suffering, misery, mutilation and death referable to the same source, are appalling. They merit consideration as another proof for our repeated assertion that the "little dose" is one of the most destructive diseases the human race is heir to.

In former years, sterility in marriage was always attributed to the female. Today, we know that in one of every three cases the male is to blame.

As to sterility in men, we refer to a later chapter.

Sterility in women is brought about by the morbid changes caused by the gonococcus in the lining of the womb, the Fallopian tubes and the ovaries. Fertilization and implantation of the female egg become impossible and remain so in spite of all medical treatment, or even operations, to which so many women gladly submit in their consuming desire for children. The barriers, created by gonorrhea, prove insurmountable. Deprived of the hope of offspring, the very object for which marriage was entered into, many an unfortunate sufferer leads a life of dissatisfaction and despondency, ignorant of the fact—and, perhaps, best so—that it was not an unavoidable fate, but the interference of that tiny microbe that shrouded her life in gloom and darkness.

CHAPTER VIII.

CONTAGION OF GONORRHEA.

Gonorrhea is caused by the transmission or inoculation of a specific microbe, called "GONOCOCCUS." It was discovered by Professor Neisser of Breslau, Germany, in the year of 1879, and proved conclusively to be the cause, and the only cause, of the disease in question.

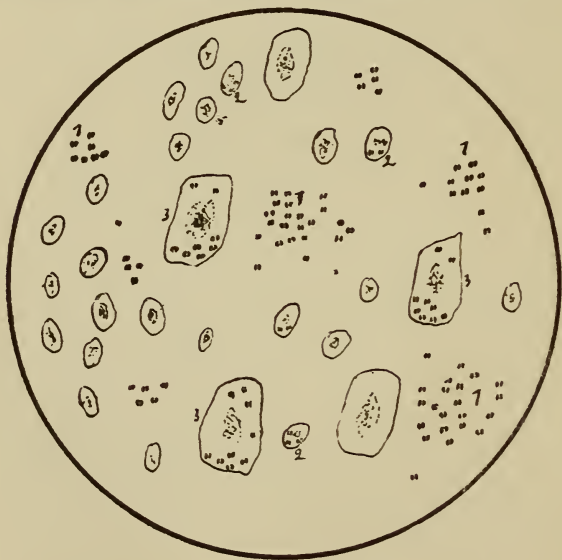


Figure 4. Gonococci. 1—Gonococci lying free in the secretion, 2—Gonococci lying in pus cells, 3—Gonococci lying in epithelial cells.

Figure 4 shows the microbes, or disease germs, as they look under the microscope. They always lie in pairs. This makes them resemble the form of a coffee-bean. They are partially free in the secretions, partially imbedded in pus cells.

CHAPTER IX.

MODE OF INFECTION.

By the name "Gonorrhea" or "Clap" is understood a specific inflammation of the urinary or sexual organs, caused by a specific microbe, the gonococcus. Infection with gonorrhea is, therefore, possible only by the transmission of, and inoculation with, this very gonococcus.

This fact should be borne in mind. It should force us to abandon the old view that gonorrhea can be contracted by urinating against the wind, too great exertion during coition, withdrawal, catching cold, etc., etc. Where there is no gonococcus, there is no gonorrhea, and vice versa. If, accordingly, a person contracts gonorrhea, that is, contracts a discharge which contains gonococci, he or she is absolutely right in the assumption that his or her partner is diseased, no matter to what class of society either may belong. Utterances like "It is impossible, the person is clean, honest and respectable," etc., are frequently heard, but are usually met with a smile by the physician. And this is done not because he doubts or wishes to discredit any one's character, but because he knows that gonorrhea is a very common disease and often lurks where least expected.

Attention may here be called to a peculiar phenomenon, which might puzzle the uninitiated.

It is a strange, though not infrequent, occur-

rence that a man is suddenly startled by the unmistakable fact that he has contracted gonorrhea after indulging in sexual relations with the same woman for weeks, or months, or years. How is this possible? If gonorrhea comes but from gonorrhea, does it follow that the woman has gonorrhea? We say "Most certainly." Then, the question arises: "Why did not the infection come sooner?" The explanation is this: The microbes are weak in many cases of gonorrheal infection in women. They are unable to be aggressive and hide in the folds of the neck of the womb without causing much disturbance, except a slight occasional discharge. This latter, under ordinary circumstances, very often contains no specific microbes and, hence, infection cannot occur. But let conditions arise which, with an increase of discharge, lead to a loosening and shedding of those cells in which the enemy lurks, as, for instance, in cases of cold, incipient illness of any nature, lowered vitality, monthly period and, especially, confinement,—and the gonococcus will at once re-appear in the secretions. Yes, these latter may at such times be swarming with the specific germs, while they ordinarily show no trace of them. Then, of course, infection is probable.

Should, therefore, a man unexpectedly contract gonorrhea from his wife, it does not necessarily follow that she has been untrue to him. By no means! The possibility exists that she contracted the chronic infection long before this marriage or, perhaps, was infected by him who later received back, in a condition of intensified viru-

lence, the contagion with which he himself originally sullied her. May this explanation be an incitation to married men, should they meet with such an incident, to be just and not to accuse their wives of infidelity before they have looked over their own record and are sure of their own spotlessness.

One or two more questions of perplexing nature may be raised in this connection, namely: "Why does it sometimes happen that of two men, visiting the same woman, one contracts gonorrhea, the other escapes?" or "Why does one man contract gonorrhea easily and another not at all?" Does there exist such a thing as "Immunity from Gonorrhea?" All these questions are answered by stating that it all depends on the fact whether or not the gonococcus finds opportunity to lodge in the urethra. The cleaner the woman, the less is the chance of infection. The longer and the more protracted the embrace, as for instance under the influence of alcohol, the greater is the chance of infection, other things being equal. The position of the mouth of the male urethra is also of great influence. The lower the outlet, the easier does the discharge of the vagina find its way into it, and the more likely is the infection.

If the gonococcus lodges in the urethra, the disease is established, no matter who it is. A so-called "Immunity" does not exist. If one has often been exposed to, but never contracted, gonorrhea, all he can claim is that he had good luck. No one should rely on the false supposition that he cannot contract gonorrhea, lest some day he may be bitterly disillusioned.

CHAPTER X.

NOT EVERY DISCHARGE A GONORRHEA.

As repeatedly stated, gonorrhea is a specific disease, caused by a specific microbe, the gonococcus. Upon the presence of this very gonococcus the greatest importance should be laid. For discharges from the urethra occur which contain no gonococci and present, consequently, no gonorrhea but simply a catarrh of the urethra.

The beginning of a non-specific discharge of this latter kind may, or may not, be preceded by sexual intercourse. In the first instance, it is usually caused by an irritating secretion from the womb on account of catarrh, poverty of blood, etc.; in the second instance, it is caused by a stone or other foreign body in the urethra, a sharp and irritating urine, the friction of an improper saddle while bicycling, or many other reasons.

The frequency of these non-specific discharges is 20 per cent.; that is, of every five cases looking like gonorrhea, one is no gonorrhea but a simple catarrh of the urethra. This latter is usually of but short duration and vanishes after a few days without local treatment. Rarely is it more obstinate. It may, however, sometimes exhibit the

same stubbornness as a true gonorrhea, especially if the cause of the irritation has not been recognized and removed.

These facts should be carefully borne in mind. The distinction between these two diseases cannot be drawn except with the microscope. This instrument is, therefore, indispensable to a proper decision and should always be employed if the slightest doubt exists as to the character of the discharge.

CHAPTER XI.

HOW AND WHERE GONORRHEA IS CONTRACTED.

Men practically always contract gonorrhea during sexual intercourse. Some strange coincidence may sometimes cause the gonococcus to find its way into the male urethra in some other manner, as, for instance, from soiled fingers, cloths, in the bath, on the closet, etc.; but these instances are very rare indeed. We have mentioned them because these modes of infection are very frequently claimed by those who try to shirk the responsibility of their wrongdoings. Such statements are, however, received with proper reserve by the expert, who knows very well that people, otherwise absolutely dependable, do not balk at a falsehood in order to maintain a pretense of virtue.

It is a different matter with women and children. They are often infected in an innocent way by using sponges, cloths, syringes, etc. in common with diseased sisters, mothers, neighbors and friends.

CHAPTER XII.

HOW TO PREVENT GONORRHEA.

In the case of exposure, infection with gonorrhea is prevented by removing or killing the specific germs before they have a chance to settle.

This may be accomplished: First, by mechanically cleaning the penis with soap and water and emptying the bladder. The normally flowing urine carries out the grosser particles of slime which may have entered the urethra. The finer particles, however, cannot be removed in this manner, as they lodge between the folds of the mucous membrane and in the outlets of the numerous glands emptying at random all along the entire length of the canal.

In order to understand these suggestions, it is necessary to dwell briefly upon the anatomy and physiology of these organs. When the penis erects, the entire circumference grows bigger and the urethra unfolds, so to speak, that is, forms an open tube with the mucous membrane stretched and the mouths of the glands yawning. As soon as erection subsides, the normal form returns, the circumference diminishes, the mucous membrane shrinks and folds up, and the mouths of the glands

collapse. Whatever slime has been lodged between these folds and in the open mouths of the glands cannot, therefore, be swept away by the urine when the penis is in a flaccid condition. To remove these, the urethra must again be unfolded to its fullest possible extent and the strength of the urinary current increased. Both conditions are fulfilled by closing the outlet of the canal with the finger periodically while the water is flowing. Thus the most is made of the urine as a mechanical cleanser, as it unfolds the urethra effectively and leaves in forceful gushes.

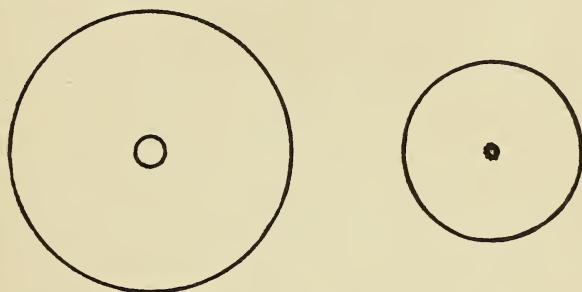


Figure 5. The larger circle represents the penis erected and the urethra unfolded; the smaller circle represents the penis in a flaccid condition and the urethral membrane folded up.

From the foregoing it becomes evident that urination as a prophylactic is more effective, the more urine stands at disposal (hold urine before the act), the quicker it is discharged after cohabitation, the stronger the stream is and the thinner and less sticky the infectious material.

Second: Although urination is a splendid preventive, it should not be depended upon alone. Chemicals should further be used to kill those germs which may have remained. This is accom-

plished by instilling a drop or two of one of the following solutions into the urethra directly after urination.

Prescription 1.

Rheno Silver Compound 1 vial
Dissolve in one ounce of freshly boiled water.

Prescription 2.

Protargol $\frac{1}{4}$ drachm
Distilled Water 1 ounce
Pour powder upon water in bottle and allow to stand until dissolved.

Prescription 3.

Solution of Hydrogen Dioxide..... 1 ounce

The first two remedies are preferable, but the last is most readily obtained.

This installation is usually sufficient. Under ordinary circumstances, the infectious material remains at the little spacious dilatation which lies directly at the outlet of the urinary canal and is thus easily reached.

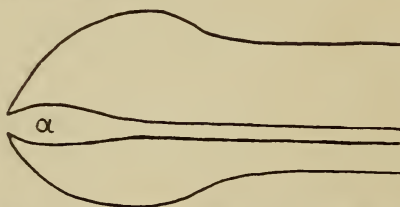


Figure 6. a—Spacious dilatation at the outlet of the urethra.

If, however, the mouth of the urethra is very wide and offers an easy access, or the discharge of the woman very profuse, or cohabitation protracted,—the chances are that the microbes have already arrived at a place beyond the reach of

medicines dropped upon the outlet. In such instances, the entire front half of the canal should be irrigated in the following way: Wash; urinate as stated; compress urethra between thumb and second finger at the junction of the penis with the pouch of the testicles (Figure 7); inject one of the following solutions, using so much pressure that a slight pain arises from the dilatation of the canal; hold the remedy in for five to ten minutes and allow it to escape.

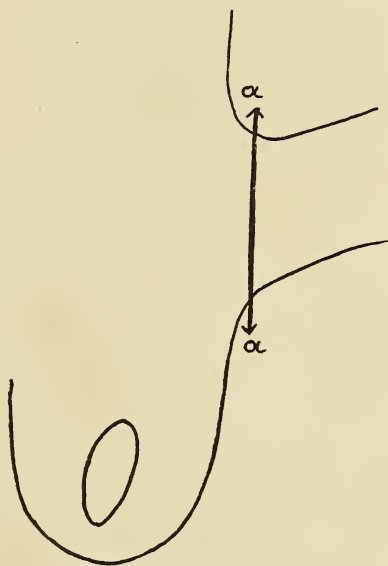


Figure 7. aa—Place where to compress the urethra.

Closing the urethra at the junction of the penis with the pouch of the testicles keeps the solution from flowing into the deeper parts of the urethra, where it is not required; the pressure, exerted with the syringe, unfolds the mucous

membrane and allows the solution to reach every nook where the germ might have found a hiding place.

The solutions are:

Prescription 4.

Rheno Silver Compound 1 vial
Water 2 ounces

Prescription 5.

Protargol $\frac{1}{4}$ drachm
Distilled Water 3 ounces

These two procedures afford a fairly good protection against infection with gonorrhea, provided they are employed immediately after cohabitation and faithfully carried out.

CHAPTER XIII.

ACUTE GONORRHEA.

Time of Incubation:—The time of incubation, that is, the time between the moment of infection and the development of the first symptoms, varies all the way from two to ten days. Three to six days is the average. The disease rarely develops after the tenth day. Cases, where patients do not notice the discharge until weeks or even months after the last exposure, are explainable only on the supposition that the discharge started at the proper time but escaped attention until noticed accidentally. This may happen if it is so slight that it causes no inconvenience whatever and an exacerbation is required to bring it to knowledge.

Symptoms:—The first symptom of gonorrhea is a tickling or itching sensation at the end of the urethra. Upon inspection the outlet is found to be reddened and slightly swollen, and a little slimy discharge exudes on pressure.

This "mucous stage" does not last long. The itching sensation soon turns into an uncomfortable, dull pain, which becomes of stinging character during urination. The redness and swelling increase, the discharge becomes more abundant

and changes from a slimy to a purulent character. On or about the fifth day, the disease is at its height. Urination grows more difficult and the stream smaller, forked or dribbling. Complete retention of urine is rare and usually follows in the wake of dissipation, cohabitation or other excesses.

The urethral canal can often be felt all along the lower side of the penis as a hard, solid cord, sensitive to the touch. Red, painful streaks run along the back of the penis from the head towards the root. They represent the road on which the poison travels from the seat of the infection to the body. The glands in the groins participate in the inflammation according to the extent of this absorption of poison. Their reaction is commensurate and varies from a dull aching with slight enlargement to the formation of large swellings and subsequent abscesses.

The foreskin also becomes inflamed in all severe cases and reacts with a dropsical swelling. If this be large, its retraction behind the head becomes impossible; the pus accumulates under it and by increasing the inflammation increases the swelling. Thus it happens that in some cases the penis looks strangely deformed and resembles in appearance the clapper of a bell.

Fever is frequently present, but only in the beginning. It is not high and subsides in a few days or a week.

Happily, the trying symptoms do not remain long at the height referred to. Quickly with, more slowly without, treatment the pains decrease and vanish, the swelling subsides, urination be-

comes easier and the discharge thinner and less in quantity, until finally the former feeling of health returns. An occasional drop during the day, or upon rising, is the last reminder, not only of the little drama just experienced, but also of the fact that the disease is not yet cured.

It would be a great mistake to assume that all cases are alike. They vary as much as the individuals afflicted. While a good many run the severe course above described, many are lighter and some so light that they may escape attention.

Variations of the Discharge.—The discharge is ordinarily abundant in quantity and of greenish yellow hue, but may vary in color and be of all shades from milk-white to dark-brown or black. The dark color is caused by the admixture of blood. In rare cases, in which the inflammation is very pronounced and extends deep into the tissue, clear, bright blood may appear.

Instead of the thick, greenish-yellow pus, there may, however, be a thin, milky fluid, or even one of slimy nature. A discharge, slimy from the start, is rarely found in the first, more often in a later attack, a phenomenon which corresponds with the fact that subsequent infections usually run a milder course.

The same variation is true as to the quantity of pus. While in most instances it is so abundant as to run from the urethra of its own accord, in others it requires pressure to force it out. More rarely, especially in later infections, it is necessary to milk from far back before secretion appears at the outlet of the canal. It is in these instances that the infection may be entirely over-

looked and the diseased person taken by surprise when an aggravation, or arising complication, reveals its presence. In these cases it is often rather difficult to decide whether we have to deal with a new infection or an exacerbation of the old disease. The first is usually assumed, but the latter mostly true. Many of those who are seemingly "blessed" with a new attack after every dissipation would find their lot less unfortunate if they were to take the trouble to once thoroughly cure their "old affair."

Variations of the Pain.—The pain, of course, also varies greatly. It is sometimes continual, mostly, however, prominent only during urination, when it feels as if boiling water or a red hot iron were passing through the penis.

The pain is most severe during erections. Then, they seem almost unbearable and are, indeed, a torture. Coming, as they do, most frequently during the night, and especially towards morning, they often render sleep impossible. No wonder, therefore, that the painful erections, called "Chordee," are one of those trying complications of the "little dose" which, during sleepless hours, are apt to impress upon the mind of the patient the seriousness of gonorrhea and, through pain and wakeful nights, may break down a robust constitution within a remarkably short time.

However, while some suffer as above described, others may not be aware of the infection because of the slightness of the symptoms. We have often heard the opinion expressed that the existing discharge could not be gonorrhea as there was no pain. But this is an error. Great or

little pain, great or little discharge, the disease is gonorrhea if there is pus and the gonococcus is in it.

Treatment.—*Rest.*—Quietness of the body is essential so long as the disease is at its height. Repose in bed is best, but as a rule not obtainable. Fear of exposure, social duties, the necessity of earning a living, etc., restrain most patients from lying down. Rest in bed may, therefore, be reserved for very severe cases and those with grave complications; but violent exercises, such as running, foot or base ball playing, dancing, lifting heavy loads, climbing high stairs or mountains, jumping from street cars, trains, etc., and especially bicycling and horse back riding, should always be avoided. Long standing and the continual jarring of long drives and extensive railroad trips are also harmful.

It goes without saying that every and all sexual excitement, and especially cohabitation, are strictly forbidden. For a gonorrheic to fondle women and to rouse his passions means to prolong the disease.

Diet.—The diet must be plain and consist of bread and butter, vegetables of all sorts, fish, meats in moderation, breakfast foods, rice, oat-meal, etc. Game and heavy dishes are objectionable.

Supper should be taken early, at least three hours before going to bed.

Forbidden are: Asparagus, celery, pickles, salted herring, radishes, mustard, onions, vinegar, and all spices and spiced and strongly salted dishes.

Forbidden are further: Beer, wine, whisky, brandy, gin, liquors, porter, ale, champagne, and all other alcoholic beverages.

Coffee and tea are permitted with a large admixture of milk. Smoking and chewing have ordinarily no effect on gonorrhea, if used in moderation, and are, therefore, not prohibited.

Recommended are an abundance of fresh water and milk and butter-milk. They dilute the urine and render it less acid and irritating. A frequent flow of water keeps the urethra clean and tends to prevent the infection of the bladder.

Local Cleanliness.—Local cleanliness is of great importance. The penis should be washed several times a day with soap and warm water after the foreskin has been retracted. This done, a piece of absorbent cotton is tucked into the space between the foreskin and the head of the penis, so that a thick layer covers the mouth of the urethra. Thus the cotton absorbs the exuding discharge and keeps it from soiling the skin and clothes. It should be renewed as often as wet, if necessary every half hour to an hour. In later stages, a renewal two or three times a day will be sufficient. If there is no foreskin, a small bandage containing absorbent cotton is advisable.

Cleanliness of Hands and Surroundings.—Each time after touching the genitals, a thorough cleaning of the hands with soap and water cannot be too urgently recommended, in view of the enormous danger which threatens the eyes should the smallest particle of gonorrheal matter come in contact with them.

In Chapter 6 we have learned that the mucous

membrane of this organ is a favorite breeding place for the gonococcus, and that its inoculation into the eye of the newborn yearly causes thousands of cases of blindness. What this specific germ does to the eye of the baby, it does to the eye of the adult, that is, it may destroy its sight. Therefore, caution, great caution, the very greatest caution should be the ever present admonition.

The mischief that may be wrought through carelessness with gonorrheal matter is forcibly demonstrated by the following cases of our experience.

First case. A boy, aged 12, was led by his mother into the consulting room of the Eye Hospital in Munich, both eyes bundled up. They started to become sore some days previous and were now presented for treatment, as home remedies seemed to fail. The removal of the bandage disclosed a most pitiful sight. Eyelids swollen, bathed in pus; mucous membrane within highly inflamed and covered with blood and matter; corneae ulcerating. It was evident at once that the sight was practically lost, and thus it proved to be. Just enough of it was saved for the poor wretch to enable him to dimly see the objects around him and with difficulty to find his way on the streets.

Numerous gonococci were present in the pus. The boy had no gonorrhea himself, but further inquiry disclosed the fact that he slept with an older brother of 20; that this brother had an attack of acute gonorrhea; and that the unfortunate little fellow infected his eyes with the poisonous matter through the medium of the soiled bed clothes.

Second case. An old, feeble man arrived at the Eye Hospital in Vienna with eyes reddened, swollen and filled with purulent discharge, containing numerous gonococci. The corneae were not yet injured and the sight was saved.

The usual inquiry into "the reason why" brought to light that the son suffered from gonorrhea, and that he, the father, infected his eyes in the bath tub which he used shortly after his son.

Further comment does not seem necessary, as the lesson to be drawn is too obvious.

Regularity of Bowels.—The bowels are apt to be constipated in the beginning of gonorrhea. It is well, therefore, to have their regularity maintained, if necessary, by an occasional laxative, the selection of which is left to the individual taste.

Application of a Suspensory.—The application of a suspensory is indispensable in every case of gonorrhea, whether severe or light, whether acute or chronic. It is mentioned here only for the purpose of attracting the attention to this important accessory. Particulars will be found in the chapter on "Inflammation of the Testicles."

Application of Heat.—Before we enter upon the specific treatment, let us consider a therapeutic agent which is of the greatest benefit in the warfare upon gonorrhea, namely: Heat. The practical application of this great natural remedy is based upon the fact that the gonococci are very sensitive to it. Even those temperatures encountered during ordinary high fever, say 104 to 105 degrees F., impair their vitality or kill them off. The removal of the cause, of course, hastens the cure very materially, or better, practically insures

it. In support of this fact, Dr. Abutkow (Wratch 1898 No. 8) cites the history of a number of cases, which during the course of febrile diseases were incidentally also relieved of their long standing gleet, theretofore obstinately resisting the routine treatment. The gonococci disappeared first, and the discharge ceased a few days later. Supported by similar experiences, Drs. H. Quinke and Solomon (Berliner Klinische Wochenschrift, December 6th, 1897,) highly recommend the treatment of gonorrhea with hot poultices, concluding their essay by saying that, although the local rise of temperature effected thereby does not bring a perfect cure in every case, it is a great help and goes far to support the regular treatment.

But in order to be effective, the heat must be as intense as possibly can be borne. The higher the degree and the longer the application, the better the effect.

There are numerous ways in which heat may be applied in the treatment of gonorrhea.

First, by means of poultices or other hot objects of different description, such as hot sand bags, hot salt sacks, hot water bags, etc. Poultices are best made of linseed meal. They are prepared by mixing it with boiling water. The resulting dough is applied wrapped in cloths.

Second, by means of hot water baths. They are made by bathing the parts in water as hot as bearable.

Third, by means of hot hip baths. They are very beneficial in affections of the penis, the prostate gland and the bladder. The only utensil necessary is a small bath or wash tub or any other

receptacle sufficiently large to sit in.

How to proceed: Warm up room; fill tub with hot water four to five inches deep; sit down into it in such a way that legs are outside of tub; have attendant slowly add more water of higher temperature until hips are well submerged and heat is as great as can be borne; stay in for fifteen to thirty minutes; rise and go to bed, which must be well warmed before hand, so that the body will not be chilled. Repeat bath as may seem beneficial.

Fourth, by means of hot injections into the urethra with a common glass syringe. They are made as follows: Wash penis with soap and warm water; urinate; fill syringe with water as hot as can comfortably be borne; inject slowly into the urethra and hold there for five to ten minutes. A second injection, immediately following the first, is often of decided benefit. Of this method Dr. Stern (*Deutsche Medicinische Wochenschrift* 1907, page 222) says: "I have seen very good results from this procedure. At any rate, it surprised me, especially in my private practice, that cases, unresponsive for many months to the ordinary injection therapy, were cured quickly and permanently when I ordered these hot water applications to precede the regular injections." He employed a temperature of about 100 degrees F., but adds: "The temperature of the water can be raised to the highest point of endurance without damage to the urethra and apparently with good success."

Fifth, by means of irrigations of the urethra with hot water. Instruments necessary: Foun-

tain syringe (Figure 8) and soft rubber catheter (Figure 9). The size of the latter must be chosen according to circumstances. The urethra, and especially its mouth, are different in caliber with different persons. The largest size of catheter should be selected that easily passes up to the bladder and leaves sufficient space around itself for the water to return.

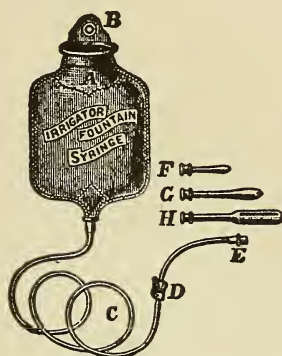


Figure 8. Fountain Syringe. F—Smallest end piece to be connected with irrigator.

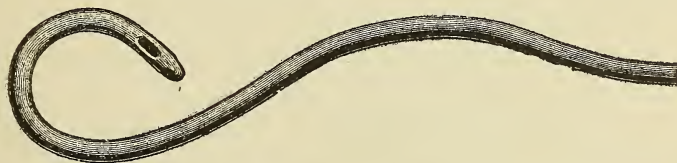


Figure 9. Soft Rubber Catheter for irrigation.

How to proceed: Boil two or three quarts of fresh, clean water and allow to cool until temperature has fallen to from 140 to 130 degrees F.; fill into clean fountain syringe and hang this up four to six feet from floor; connect soft catheter with tube of syringe by means of smallest end piece

(Figure 8) and place it upon a chair within easy reach on a freshly washed towel. Then wash penis with soap and warm water; pass urine in order to remove all discharge from the urethra; strip trousers to below the knees and sit down upon a chair in such a manner that the seat rests upon the edge and the shoulders lean against the back (Figure 10). Now take catheter; dip end two or three inches deep into glycerine or fluid paraf-

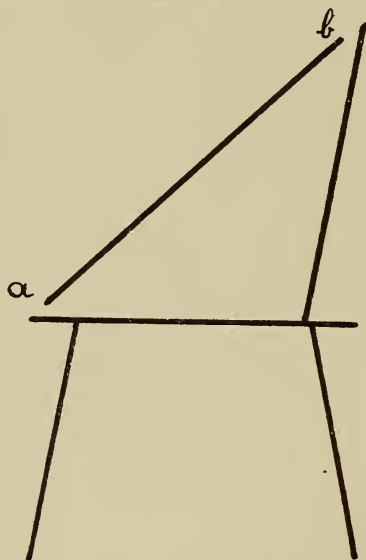


Figure 10. Position how to sit on the chair while irrigating; a—Seat at the edge of the chair; b—Shoulders leaning against the back of the chair.

fine; allow water to escape until it comes out hot, and, while this is running, insert catheter up into the urethra as far as to the neck of the bladder; keep it there until syringe is empty, when the catheter can be withdrawn and the treatment is finished.

The temperature of the water should be as high as can comfortably be borne. The hotter the fluid, the better the result. The limits of choice lie between 120 to 140 degrees F.

Scrupulous cleanliness of all instruments is of vital importance. An infection of the urethra or the bladder with microbes, introduced with the utensils, is dangerous. It must and can be avoided. To this end, the hands should be thoroughly cleaned first with soap and warm water and, then, with a solution of Rhenolin (Prescription 6); the water, used, be freshly boiled; the syringe, tubing and end-piece be cooked every day or every other day; and the contact of the catheter with unclean objects be avoided. After the treatment, all instruments should be wrapped in a clean towel and thus laid aside.

Prescription 6.

Rhenolin 4 ounces

One to two teaspoonfuls to a quart of hot water.

One question needs further ventilation, namely, "When does the point of the catheter reach the neck of the bladder?" This can easily be recognized. The point is in the urethra so long as the water comes out aside of the instrument; as soon as it enters the bladder, the return flow stops. If this happens, withdraw the catheter so far that the water again flows out and hold it at this point until finished.

Another way to proceed is this: Introduce catheter when not connected with syringe until urine comes; then, withdraw it a little, until the flow of urine stops; mark this point and always

thereafter insert instrument up to this mark while irrigating.

Sixth, by means of injections of hot water into the rectum. These are of great benefit in all cases of inflammatory affections of the deeper parts of the urethra, the prostate gland and the seminal vesicles.

Instruments necessary: Fountain syringe (Figure 8) and special rectal tube for irrigating (Figure 11). This latter allows inflow and outflow of the water simultaneously.



Figure 11. Rectal irrigator. The arrows show the direction in which the water flows in and out.

How to proceed: Boil two or three quarts of water and cool to from 130 to 115 degrees F.; connect syringe with rectal tube; sit on edge of chair, the seat projecting, or, better, on cane chair, the cane cut out in the center; place vessel under you to receive water; lubricate rectal tube with vaseline, insert it and start water, regulating the flow, so that inflow and outflow keep about the same. When the bag is empty, withdraw tube and rest.

It is sometimes a little difficult to regulate the flow properly at first, but the necessary skill is soon acquired by experience.

If the rectum is too sensitive and a rather ugly sensation follows the treatment, rectal irrigations had better not be attempted. Such cases, however, are rare.

CHAPTER XIV.

CONDITION OF URINE.

The condition of the urine has a decided influence upon the gonorrheal inflammation in so far as a urine, thick and of acid character, unduly irritates the tender membrane and delays healing.

Should, therefore, the urine be very "hot," smart considerably, be dark and scanty, it becomes necessary to increase its volume and counteract acidity by drinking more fluid, and taking one of the following remedies.

Prescription 7.

Sodium Bicarbonate 2 ounces

One-third to one-half teaspoonful in water
between meals.

This remedy is generally used and renders the urine quickly alkaline. It should be taken between or one or two hours before meals.

The same does a Solution of Potassium Hydroxide (Prescription 8), which is also frequently employed.

Prescription 8.

Solution of Potassium Hydroxide . . . 2 ounces

Ten to twenty drops, freely diluted in
water, four to six times a day.

Where it is desirable to render the urine alkaline and, at the same time, to stimulate its flow, the remedy in Prescription 9 is preferable.

Prescription 9.

Potassium Citrate 1 ounce

Syrup of Cinnamon, enough to make...4 ozs.

One teaspoonful in half a glassful of water
every two to four hours.

An addition of Sweet Spirits of Nitre to the above remedy (Prescription 10) is appropriate to allay a co-existing irritation of the bladder and kidneys.

Prescription 10.

Potassium Citrate 1 ounce

Spirit of Nitrous Ether 1½ ounces

Syrup of Cinnamon, enough to make...4 ozs.

One teaspoonful in half a glassful of water
every two to four hours.

Balsamic remedies are also often used for the same purpose. As to these, we refer to the chapter on "Internal Remedies."

CHAPTER XV.

URINARY ANTISEPTICS.

It is evident that a urine antiseptic of itself will not only assist in healing the urethral affection, but also help materially in preventing infection of the bladder and the kidneys. We, therefore, urgently recommend one of the following remedies in all cases of gonorrhea, acute or chronic, partly as a preventive, partly as a support of the regular local treatment.

The best is Methylene Blue in the following combination (Prescription 11):

Prescription 11.

Methylene Blue,

Nutmeg, each 2 grains

Make into tablet, pill or capsule. One
three times a day after meals.

It renders the urine greenish-blue and may, sometimes, cause a slight burning in urination. To drink a little more water or decrease the dose from three to two tablets a day, one in the morning and one in the evening, will obviate the difficulty.

We advise against the use of Methylene Blue in combination with Oil of Santal, Copaiba, or Oil

of Cubeb. These latter remedies are not always harmless and should not be taken except where indicated(see chapter on "Internal Remedies").

Another remedy is Hexamethylenamine (Prescription 12).

Prescription 12.

Hexamethylenamine...4 grain tablets, No. 50

One tablet three times a day.

It has the advantage of non-coloring the water, but does sometimes irritate the kidneys. We have seen a number of cases where the urine assumed a bloody appearance upon taking this drug, and have, in most instances, discarded it in favor of Methylene Blue.

A great number of other urinary antiseptics are occasionally prescribed by physicians, but they are less effective and do not warrant further mention.

CHAPTER XVI.

TREATMENT OF CHORDEE.

Chordee, that is, painful erections, is so annoying in many instances that it is worthy of special mention.

The penis is in a somewhat tumescent condition all the time in severe cases of gonorrhea, but not so as to be painful. If, however, full erections occur, suffering becomes acute.

Chordee can be prevented:

First, by restricting the amount of fluid before retiring, as a full bladder favors erections.

Second, by hot water baths (see Chapter 13).

Third, by hot hip baths (see Chapter 13). They should be of five to ten minutes duration.

If erection occurs, the patient should urinate and then apply ice water or any cold object to the penis. It must not be forcibly bent down as this may cause strictures.

Of remedies, Bromides are prescribed most frequently and are often of decided benefit (Prescription 13).

Prescription 13.

Potassium Bromide,
Sodium Bromide, each 1 ounce
Ammonium Bromide $\frac{1}{2}$ ounce
Syrup of Orange, enough to make..4 ounces

One to one and one-half teaspoonfuls at bed time.

We have had good success in a number of instances with Antipyrine, in doses of from nine to eighteen grains before retiring (Prescription 14).

Prescription 14.

Antipyrine $\frac{1}{2}$ ounce

Syrup of Orange, enough to make..4 ounces

One to two teaspoonfuls at bed time.

In some cases, Oil of Santal, Copaiba, or Oil of Cubeb do better and can be tried if Bromides and Antipyrine should fail (see chapter on "Internal Remedies").

In severe cases nothing short of Morphine or Codeine will fill the bill.

CHAPTER XVII.

SUDDEN STOPPAGE OF URINE.

The sudden stoppage of urine is a most distressing incident. It is caused by a swelling in the urethra, and usually follows in the wake of dissipation or maltreatment. To relieve it, a hot hip bath should be prepared at once as described in Chapter 13. This starts the flow most speedily. Should it give no satisfaction, a catheter must be introduced and the water drawn. The performance of this operation is ordinarily easy. Care, however, should be taken to do it antiseptically and under full observation of all the precautions given in Chapter 13.

Methylene Blue, in combination with balsamic remedies (see chapter on "Internal Remedies") is most effective in reducing the swelling of the urethra and bringing about a quick recovery.

CHAPTER XVIII.

LOCAL TREATMENT.

There are three ways of applying remedies locally:

First, by injections.

Second, by irrigations.

Third, by crayons.

A—INJECTIONS.

Injections are made with a small glass syringe. These latter are on the market in different shapes, sizes and forms. Some are good and serviceable, others are useless. A good syringe should fulfil the following requirements:

First, it should hold about two and one-half drachms.

Second, it should have a glass barrel, so that its contents and cleanliness can easily be controlled.

Third, its upper end should be of hard rubber.

Fourth, its nozzle should be either of soft or, better, of hard rubber and have a blunt shape. A long drawn out nozzle should be rejected (see Figure 12).

Fifth, the washers should be of rubber or leather and slide easily in the barrel, so that injections can be made smoothly and without jerking.

Sixth, the washers should fit snugly, so that no medicine may leak above them.

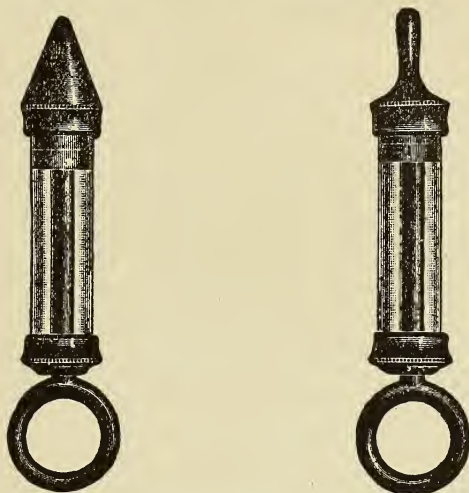


Figure 12. Syringe with blunt nozzle as recommended on the left; syringe with pointed nozzle as rejected on the right.



Figure 13. All rubber syringe.

Cheap glass syringes, which have thread as washer, are no good. The same is true of all rubber syringes, as shown in Figure 13. It is impossible to see if their barrel is clean, or if air is drawn in with the medicine.

Care of Syringe.—The syringe must be kept perfectly clean. To carry it in a dirty vest pocket

without protection, as is done in many instances, is to invite dangerous infections. If the injection cannot be made at home and it is necessary to carry the syringe on the person, it should be wrapped in a clean handkerchief or absorbent cotton. Wherever possible, the syringe should be cleaned with warm water every time before and after using.

Filling of Syringe.—The best way to fill a syringe is to pour the medicine in a small glass or other container and draw it from there into the barrel. Although most medicines can safely be taken direct from the bottle, some will thus be spoiled. It is, therefore, best to avoid the risk.

All air must be carefully expelled from the syringe. To this end, fill it, turn nozzle up and force piston in until all air is out. Then refill. Repeat this procedure, if necessary, until the syringe is completely filled.

How to Make Injections.—First pass urine. Never attempt an injection unless this is done immediately before. This is a fundamental rule. The urine brings out all slime and pus, contained in the canal, and prevents them from being carried with the injected fluid higher up into the urethra or bladder. After urination wash penis with soap and water, or, if this be impossible, clean it with dry absorbent cotton. Then take head of penis between second and middle finger of left hand, put syringe into mouth of urethra, and empty barrel under a steady and gentle pressure. The fluid should leave evenly and not in jerks. Never use force. Let the medicine take its way unimpeded. Neither obstruct its path by closing the

urethra with the finger in the middle or near the rectum, nor force it deeper by massaging the urethra towards the bladder. Both manipulations are apt to cause complications.

When the fluid is all in, retain it the required time by either holding the nozzle in place or closing the outlet of the urethra with the finger. Then allow the solution to escape.

If it should happen that the medicine flows out in part before the proper time, let the rest go to. Then immediately make a second injection and hold this the prescribed length of time.

Frequency of Injections.—Inject three to four times a day. Three times, once in the morning after rising, once at noon and once in the evening immediately before going to bed, will do in most instances; but four injections daily are generally preferable.

Length of Time the Medicine Should be Retained.—The time varies with different preparations. Four to five minutes are, as a rule, sufficient, unless specifically stated otherwise.

The Solution Should be Warm.—Warm solutions bring better results. The remedy, therefore, had better first be warmed by either placing the bottle in warm water or filling the syringe half with a solution of double strength and half with hot water.

Remedies.—The number of remedies recommended for the local treatment of gonorrhea is so great that it would be idle to attempt to give them all. Only the very best and most effective will here be enumerated and classified according to their usefulness.

In the case of a fresh, acute gonorrhea those remedies are best which are most effective in killing the specific germ, the gonococcus. To this class belong numerous drugs which are endowed with strong germicidal power; but, above all, those preparations which contain silver in soluble form, as this element has the most destructive influence upon the disturbing microbe.

Silver Nitrate has, therefore, for many, many years been the main remedy for the cure of acute gonorrhea. But in spite of its usefulness, its many disadvantages could not be overlooked. To overcome these, great efforts have been made to find other, better silver compounds, which should possess all the advantages but none of the disadvantages of Nitrate of Silver. The result has been the discovery of a number of most excellent chemicals, which are far superior to Nitrate of Silver. They contain a high percentage of active silver, are less irritating, and have a greater power of penetration.

Of these, Rheno Silver Compound (Prescription 15) has given us the best satisfaction. It is very effective, does not irritate, does not smart, works well in nearly all cases, acute and chronic, and is in most instances the only remedy necessary to bring about a quick and permanent cure. Furthermore, it is marketed in such a way as to exclude all possibility of substitution. Silver in this form is a very expensive remedy, a fact which might tempt some dealers to substitute. It is, therefore, put up in vials, each containing sufficient material to make four ounces of medicine. The patient dissolves it himself and is, thus,

insured of the proper remedy and the proper strength.

Prescription 15.

Rheno Silver Compound 1 vial
Dissolve in two to four ounces of water.
Retain in urethra for twenty to twenty-five minutes.

Another silver remedy is Protargol (Prescription 16). From ten to twenty grains are used to four ounces of water. As it is rather irritating, the patient should begin with a weak solution and increase strength as found desirable. No rubbing or shaking is necessary to dissolve the drug. The solution is made by pouring the powder upon the water in the bottle and allowing it to stand until dissolved.

Prescription 16.

Protargol 10 (to 20) grains
Distilled Water 4 ounces
Pour powder upon water in bottle and allow to stand until dissolved. Retain in urethra for twenty to twenty-five minutes.

Still another remedy is Argyrol (Prescription 17). It is also frequently prescribed, but usually less effective.

Prescription 17.

Argyrol 3 drachms
Distilled Water 4 ounces
Retain in urethra for twenty to twenty-five minutes.

These preparations may be tried in the order of their enumeration. It will, however, rarely be found necessary to go to the second or third if the first is available.

As the effect of these three silver compounds is the greater, the longer they are in contact with the mucous membrane and the deeper they are allowed to penetrate, it is best to retain them in the urethra from twenty to twenty-five minutes.

The use of the foregoing remedies should be continued so long as good and satisfactory progress is made, at any rate for three to four weeks. It takes usually that long to kill the gonococci and to make them disappear from the discharge. And this is the first and principal object of a successful treatment. The time, however, necessary to accomplish this end may be longer or shorter. More accurate information is very desirable and can be had by means of a microscopical examination of the pus, which offers the only means of knowing definitely.

If, as may happen, these silver compounds do not take effect, one of the following drugs should be taken. They are also quite effective, but, as a rule, not as satisfactory in the end.

These remedies are headed by Potassium Permanganate (Prescription 18). It is an old-time medicine and used, perhaps, more than any

Prescription 18.

Potassium Permanganate
.....1 grain tablets, No. 25

Reduce a tablet to powder and dissolve in
three to four ounces of water.

other. But although it suppresses the discharge quickly, yes, sometimes more quickly than the silver compounds, it does not equal the latter in efficiency, because it does not penetrate into the tissue, the hiding place of the gonococcus, and,

therefore, cannot reach and overcome the contagion effectively. In consequence, cases are very much more in danger of becoming chronic and developing complications in the testicles, prostate gland and bladder if treated from the beginning only with Permanganate of Potassium.

As occasionally other remedies may be required, some more are here given:

Prescription 19.

Corrosive Mercuric Chloride... 7 3-10 grains

Ammonium Chloride 7 7-10 grains

Dissolve a tablet, containing the above remedies, in 16 ounces of water. Of this solution take one-half to one ounce and add water sufficient to make four ounces.

Prescription 20.

Mercuric Cyanide 2 (to 10) grains

Distilled Water 4 ounces

If the acute symptoms have disappeared; the discharge has diminished and changed from a thick, yellowish creamy to a thin, milkwhite or slimy consistency; and, above all, if one can safely assume that the gonococci have been killed,—then, and not until then, is a change from antiseptics to astringents justified.

Permanganate of Potassium (Prescription 21) is again the first remedy to be mentioned, as it possesses not only antiseptic but also astringent properties. The objection raised against it before does not hold good in this stage of the treatment. It is now a most excellent and satisfactory remedy and well worth trying, that is, after the gonococci have been removed.

Prescription 21.

Potassium Permanganate
..... 1 grain tablets, No. 25
Reduce one tablet to powder and dissolve
in three to four ounces of water.

The following remedy (Prescription 22) also is very good. It is the favorite of one of Germany's greatest specialists.

Prescription 22.

Zinc Phenolsuphonate 16 grains
Resorcinol 50 grains
Distilled Water, enough to make... 4 ounces

As a greater variety of remedies is required in this than in the acute stage of the disease, a varied selection of approved remedies shall here follow:

Prescription 23.

Zinc Permanganate 2 (to 4) grains
Distilled Water 4 ounces

Prescription 24.

Zinc Sulphate,
Lead Acetate, each 2 (to 10) grains
Distilled Water 4 ounces

Prescription 25.

Zinc Sulphate 2 (to 10) grains
Bismuth Subnitrate,
Powdered Acacia, each 1 drachm
Distilled Water 4 ounces

Prescription 26.

Zinc Sulphate,
Tannic Acid, each 2 (to 10) grains
Distilled Water 4 ounces

Prescription 27.

Zinc Sulphate,
Tannic Acid, each 2 (to 10) grains
Fluidextract of Hydrastis, without alcohol..
3 drachms
Distilled Water, enough to make... 4 ounces

Prescription 28.

Ichthyol $\frac{1}{2}$ drachm
Distilled Water 4 ounces

Choice of Remedy.—Select Potassium Permanganate (Prescription 21) to begin with, directly after the Silver Compound. If it does not stop the discharge, try Prescription 22. These two remedies will cure nearly every case of the later stage of gonorrhea, provided no stricture prevails. Occasionally one of the other medicines may do better. We have arranged them according to their effectiveness, as taught by experience. No cause can be assigned why a remedy works splendidly in one case and does not work in another apparently of exactly the same character. Experience is the best teacher.

Change of Remedy.—A change of remedy is required if no decided improvement is noticed within a week or two, or if after an initial betterment the progress comes to a standstill. It is to no purpose to continue indefinitely with the same remedy, hoping that it will finally cure. Change and try another! Enough prescriptions have been given to cure any and every case which is curable at all by injections.

In very obstinate cases, strictures should be looked for and will usually be found.

Strong Injections are Dangerous. — They cause strictures. Always start with a weak solution and increase the strength as deemed suitable. Be guided by your feelings. No injection should cause real pain; if it does, it is too strong. A slight burning need not be heeded.

Do Not Stop Injections Suddenly.—If this is

done, the discharge returns in many instances, as the sore within the urethra is healing, but not yet healed. Proceed as follows: If the discharge is all gone, that is, if neither during the day nor in the morning a visible quantity can be squeezed out, nor, upon rising, the lips of the urethra stick together, nevertheless continue to inject three times a day for a week. Then inject twice a day, upon rising and before going to bed, for another week; then once a day, before going to bed, for another week. Finally stop. If at any time during this period the slightest trace of discharge returns, inject again three times a day until the discharge has again disappeared; then do again as directed above.

CHAPTER XIX.

B.—IRRIGATION TREATMENT.

Some years ago, Professor Janet, a Paris specialist of large experience, advocated the treatment of gonorrhea by irrigating the urethra and bladder with copious drafts of medicinal fluids. He claimed extraordinarily good results from this procedure, which has since been introduced and extensively used all over the world.

These irrigations can be made in two different ways:

First, by employing a catheter as described in Chapter 13, but using medicines instead of hot water.

Second, by forcing the cut-off muscle of the bladder without using the catheter.

To this latter method the following details refer.

Instruments necessary: Syringe (Figure 14), or, better, glass tank (Figure 15) and nozzle, best made of glass and shaped according to the width of the mouth of the urethra (Figure 16, A, B, C).

Proceed as follows: Prepare hands, instruments and penis as advised in Chapter 13. Fill syringe with solution; hang it up at proper height;

attach nozzle; sit down in position as described in Chapter 13 for hot water irrigation; take penis behind the head between thumb and index finger; allow cold water in the tube to escape; press noz-

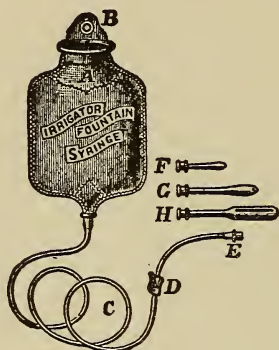


Figure 14. Fountain syringe.

zle to penis and let medicine fill the bladder. Then remove nozzle, empty bladder and repeat the procedure until syringe is empty.

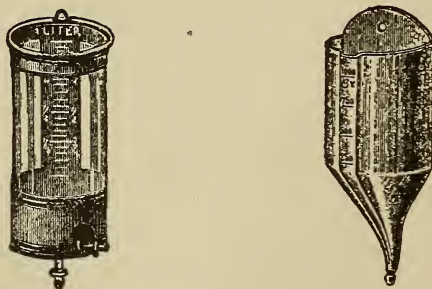


Figure 15. Two different kinds of Glass Tanks; either is good.

That the bladder is full is indicated by an intense desire to urinate.

The syringe must be hung four to six feet

above the level of the bladder. This for the following reason: The urine is held in the bladder by a cut-off muscle at the inner mouth of the urethra. This same muscle ordinarily also prevents the flow of water from the urethra into the bladder. To overcome its resistance, the pressure under which the remedy flows must be sufficient and is attained by hanging the syringe high enough.

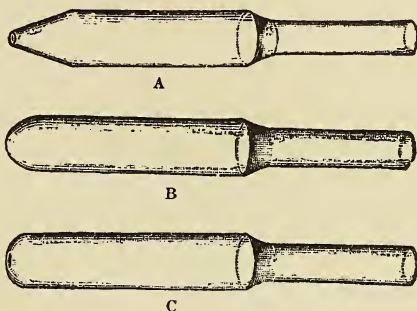


Figure 16.—Nozzles. A—for normal outlet; B—for very large outlet; C—for very small outlet.

The pressure required is different with different persons and varies from practically nothing to a very high degree; that is to say, with some persons there is hardly any resistance on the part of this muscle; with others it may be impossible to overcome the obstruction. It may also happen that the muscle at first contracts violently, but soon relaxes after a few minutes of patient waiting.

Irrigation of the Anterior Urethra.—It is sometimes advisable, as for instance in fresh cases with plenty of creamy discharge, to irrigate but the front half of the canal. In this instance, the urethra is compressed at the junction of the body of

the penis with the pouch of the testicles (Figure 17) and the irrigator hung but two to four feet above the bladder to reduce the pressure.

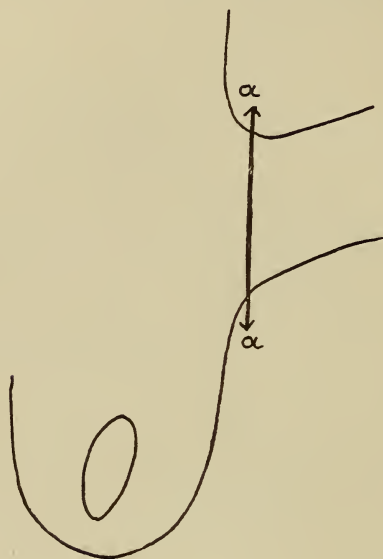


Figure 17. a—place where to compress urethra.

MEDICINES.—The remedy mostly used is Potassium Permanganate, two to five grains in a quart of water. It is rarely required to go beyond this limit. Tablets of any desired strength can be bought at any drug store. Those of one grain are handiest. If tablets of proper strength are not obtainable, if, for instance, two grains are desired and only five grain tablets are at hand, proceed thus: dissolve the five grain tablet in five ounces of water, throw three ounces away and use the rest for irrigation.

The tablets dissolve very readily in hot water,

if they are crushed to a fine powder beforehand.

It is advisable to commence with the weakest solution and begin irrigation with two grains of medicine to a quart of water. Although some smarting is unavoidable, strong pains should never arise. As the inflammation subsides and tolerance gets greater, the strength of the solution can be proportionately increased. A medium concentration for the anterior urethra is five to ten grains, for the bladder four to five grains to a quart of water.

If, after a week or ten days, no decided improvement is evident, try a solution of Corrosive Sublimate, in the strength of 1:50,000 to 1:20,000.

How to Prepare: Dissolve ten grains of Corrosive Sublimate in fifteen ounces of water. Of this solution use four teaspoonfuls to a quart of water on the first day; five teaspoonfuls on the second day; six teaspoonfuls on the third day, and so on until gradually eight to nine teaspoonfuls to a quart of water have been reached, provided, of course, that the solution is easily borne.

A medicine glass, as obtainable at any drug store, must be used for measuring, as Corrosive Sublimate is decomposed if it comes in contact with a metal spoon.

A combination of Potassium Permanganate with Corrosive Sublimate can also be tried.

If these two remedies, either alone or in combination, have not the desired effect, try Silver Nitrate, in the strength of 1:5,000 to 1:2,500.

How to Prepare: Dissolve one hundred grains of Silver Nitrate in fifteen ounces of distilled water. Of this solution use four teaspoonfuls to

a quart of water on the first day; five teaspoonfuls on the second day; six teaspoonfuls on the third day, and so on until gradually eight to nine teaspoonfuls to a quart of water have been reached, provided again that the medicine is well borne. This solution, too, must be measured with a medicine glass for the same reason.

How Often to Irrigate.—Irrigation of the anterior portion can be made twice a day, of the entire urethra once a day.

Temperature of the Water.—The temperature of the water should be 115 to 125 degrees F., as found most suitable.

Irrigation of Half or the Entire Urethra?—This depends on circumstances. So long as the disease is confined to the anterior urethra, as in the beginning of the disease, it is sufficient to irrigate but this portion. If, however, the disease has already established itself near the bladder, the entire urethra must be washed out.

An uneasy feeling along the penis near the rectum; any smarting sensation or pain near the neck of the bladder suggests a deep seat of the trouble. To find out definitely, proceed thus: Wash out anterior urethra as described above. Then urinate into glass. If first urine is muddy and turbid, the urethra near the bladder is affected and deep irrigations are called for.

Injections or Irrigations?—We, on our part, have of late preferred injections for numerous reasons. Injections are much more easily made, need less time, less skill, and, above all, no troublesome preparations. The cooking, boiling, sterilizing, etc., required for irrigation, if made properly,

consume a great deal of time and require a soft, skillful hand, with which not everybody is endowed.

As yet, many physicians are greatly in favor of irrigation. Their number, however, is diminishing rapidly, as the introduction of the newer silver compounds has given us means to combat gonorrhea in a less troublesome and more effective way.

We, therefore, advise injections for the average person and leave irrigation for those who see fit to observe all those precautions necessary for this operation.

C.—URETHRAL SUPPOSITORIES OR CRAYONS.

These are long, thin sticks made of Cocoa Butter in which medicines have been incorporated. They are being used extensively by some physicians. Further details are, however, here omitted as injections and irrigations are better.

CHAPTER XX.

INTERNAL REMEDIES.

We have already referred to some internal remedies in Chapter 15. They belong to the class of urinary antiseptics and are valuable at any time during a siege of gonorrhea.

Exalted claims have been made for some of them, for instance, Methylene Blue. Dr. J. Moore reports in the British Medical Journal 1897, page 140, remarkable cures with this remedy, using three grains three times a day. Although we have employed it in nearly all of our cases, we have never been able to realize such splendid results; but we have seen enough of its good work to recommend this drug heartily to all patients, not, however, as an only remedy, but as an adjunct to the regular treatment.

Methylene Blue is best taken in the form of tablets, as given in Prescription 29.

Prescription 29.

Methylene Blue,
Nutmeg, each 2 grains
Made into tablet, pill or capsule. One
three times a day.

Let us here reiterate that the combination of Methylene Blue with balsamic remedies is not to

be recommended for the reason that Methylene Blue is harmless and always serviceable; balsamic remedies are not, as we shall see later. If both are used at the same time, they had better be taken separately.

Salicylate of Sodium has also proved of benefit in a number of instances. The dose is 16 to 20 grains three times a day after meals (Prescription 30).

Prescription 30.

Sodium Salicylate 1 ounce

Water, enough to make..... 4 ounces

One teaspoonful three times a day after meals.

Balsamic Remedies.—Balsamic remedies, we believe, play a very unimportant part in the essential treatment of the acute stage of gonorrhea, but do much to make the patient comfortable. They have their advantages, but also their limitations. They render an irritating urine neutral, soothe and cool the inflamed membrane, remove many unpleasant and distressing sensations, but they do not kill the gonococcus. The result is that many a case of gonorrhea becomes thus chronic. If used indiscriminately, they are, further, the cause of many an incurable chronic kidney disease. We have treated scores of men who, misled by friends, druggists, patent medicine manufacturers, advertising quacks, or worthless books, spurned injections and for weeks and months faithfully used balsamics and oils; but finally sought medical advice, their digestion ruined, their kidneys impaired, their urethras full of strictures and—the gonococcus still in their scanty but obstinate discharge.

Balsamic remedies are, therefore, not always a blessing; they may, if improperly used, be a curse.

We admit, and no one will deny, that balsamic remedies reduce the discharge. But is this **always** desirable? To answer this question, let us look at the daily experience. It is a well-known fact that cases of gonorrhea which, from the beginning, discharge slightly and seem to be of a mild nature, often in the end prove most obstinate and insidious and are frequently followed by strictures and other complications; while many other cases, which discharge very profusely, heal completely in a remarkably short time. How does this come? The explanation is this: The discharge is one of the means by which Nature tries to rid the body of her enemies. In infectious diseases of the bowels we see a parallel condition, vomiting and diarrhea being here resorted to by Nature to free the intestines from the poisonous material. Everyone knows that it is dangerous to check the diarrhea before the poisons are out. So it is with the gonorrheal discharge. In the initial stages it is swarming with gonococci, millions upon millions being thus thrown off. Its creamy character is a sign that Nature is fighting a mighty battle with the besieging microbe, the white blood corpuscles, which form the pus, representing but the dead soldiers on the battle field. If, therefore, we reduce the discharge at a time when the gonococcus is still present in large numbers, we break down the line of defense put up against it and help it to penetrate into those hiding places from which it can be expelled only with the greatest difficulty.

These facts will help us to appreciate the claims of Professor Fournier, one of the greatest French specialists on sexual diseases, who asserts that balsamic remedies are the cause of nearly eighty per cent. of all cases of gleet. He may be right or wrong, the fact remains that the reduction of the discharge without the destruction of the gonococcus cannot be a benefit, but must be a detriment.

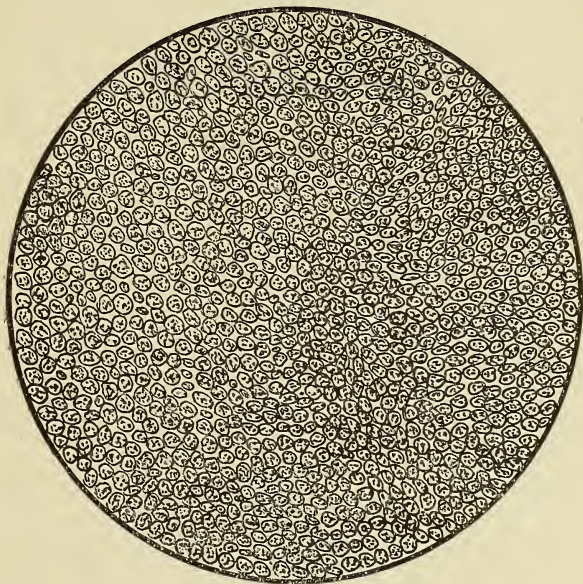


Figure 18. Pus under the microscope. The globules represent white blood corpuscles. They are the individual soldiers sent out by the system to combat the attacking microbes. Those killed in this battle by the poisonous secretions of the enemy are cast off by Nature as pus.

It will be very instructive to cite at this juncture the experience of Dr. H. Saar, assistant in the Dermatological Clinic of the University of Bres-

lau, Germany (Muenchener Medicinische Wochenschrift 1905, page 2221). For a test, he treated fifty cases of gonorrhea with Oil of Santal only. After elucidating the results as to other points, he continues: "Above all, the reaction of the gonococcus was of interest. Every second or third day a microscopical examination was made. In six cases, that is, twelve per cent., the gonococcus disappeared. In all other cases, that is, eighty-eight per cent., gonococci were found and often in great numbers, though the secretion was frequently very slight or entirely absent and only filaments (see "Chronic Gonorrhea") were present in the urine. Supported, therefore, by these tests, I must warn against an exclusive treatment with balsamic remedies."

A short comment may be allowed. Eighty-eight per cent. of his cases presented the gonococcus after a thorough treatment with Oil of Santal, though many of them, to outward appearances, were cured. This means, that these eighty-eight per cent. were still infectious, a menace to themselves, to their families, to the community, in spite of the fact that many of them seemed to be perfectly well. In other words, the Oil of Santal had simply covered that dangerous pit "infection" with brush and straw and allowed it to remain a deadly trap for the diseased and his innocent victims.

Do you, reader, still wonder why we call balsamic remedies a curse, if improperly used? Is not an enemy infinitely more dangerous if he sends his poisonous missiles upon the unsuspecting from an invisible position in ambush? Let us, there-

fore, urge upon men to heed these lessons in the interest of their unborn children, in the interest of their present and future wives. There is misery enough on this globe without plunging into more with open eyes.

It is, however, an entirely different matter if the discharge is reduced by gonococci-killing agents, as the silver compounds; for if the cause is removed, the effect naturally disappears in consequence.

Balsamic remedies should, therefore, not be used except:

First, in the acute stage of gonorrhea, if chordee is very distressing, the pain during urination is very severe and cutting, and urination becomes difficult on account of the swelling of the mucous membrane of the urethra. As soon as the most distressing symptoms are relieved, the remedies should be suspended, until:

Second, in the later stage, if it remains to stop that slimy, mattery discharge which in some cases is still present after the gonococci have been killed by other means.

Of the great number of balsamic remedies, only three are worthy of mention: Oil of Santal, Copaiba and Cubeb.

Oil of Santal (Prescription 31) is the best. It is the most efficient of its class and least objectionable to the stomach. These two properties give it the preference over the others.

Prescription 31.

Oil of Santal 2 ounces

Fifteen to thirty minims three times a day
after meals.

However, the oil, if pure, is very expensive and, therefore, usually adulterated, in spite of all drug legislation. The cheaper the oil is sold, the surer a patient can be that he is not getting what he asks for. The only way to guard against substitution is to buy in original packages of a reliable firm.

The same is true of oils put up in capsules, usually containing five to ten minims.

Combinations of Oil of Santal with other balsamics or chemicals, such as Salol, Pepsin, etc., offer no advantage.

Copaiba.—Its dose is from twenty to forty minims three times a day. It is less expensive than Oil of Santal, but just as often adulterated.

Prescription 32.

Copaiba 2 ounces
Fifteen to thirty minims three times a day
after meals.

Copaiba is by no means a remedy pleasant to take. Furthermore, it is very annoying to the stomach and frequently causes loss of appetite, belching, vomiting, and other dyspeptic symptoms. Skin eruptions also are frequently occasioned by it. They come with fever and itch and burn. More serious is the irritation of the kidneys, which may follow the prolonged use of this remedy and occasionally turns into Bright's disease.

Cubeb.—It may be taken in the form of powder (Prescription 33), but is more convenient in the form of oil or oleoresin (Prescriptions 34 and 35).

Prescription 33.

Cubeb, powdered 3 ounces

One to one and one-half drachms (heaping
teaspoonful) three to four times a day after
meals.

Prescription 34.

Oil of Cubeb 2 ounces

Ten to fifteen minims three times a day
after meals.

Prescription 35.

Oleoresin of Cubeb 2 ounces

Ten to fifteen minims three times a day
after meals.

Cubeb is rarely taken alone, but usually in combination with copaiba. Capsules, soft and hard, small and big, are on the market. They are all good so long as the drug is pure. As to the number of capsules to the dose, the patient may be guided by comparing the quantity in the capsule with the dose given above.

In order to attain the best possible results, one should push the dose quickly to the highest possible limit, continue thus for ten to twelve days and gradually again fall off. If, at the end, the discharge is not yet gone, it is best to wait for six to ten days and repeat the treatment. This is better in every way than to take the medicine continually.

If, when using balsamic remedies, any of the above mentioned ill by-effects appear, such as stomach trouble, skin eruption, irritation of the kidneys, pains in the back, general weakness, etc., the remedy should at once be discontinued, as it does more harm than good under such circumstances.

To forestall kidney disease, we urgently recommend to examine the urine frequently for albumen while taking balsamics. The patient can do it easily himself, if he will but follow the instructions given in the last chapter.

Local or Internal Treatment?—There can be no choice. Both are essential in their proper place. We, therefore, urgently recommend injections with one of the silver solutions and, in support of the local treatment, internal remedies at such times as advised on the foregoing pages. This is the best, the only safe, way in spite of all claims to the contrary.

CHAPTER XXI.

DURATION OF SIMPLE GONORRHEA.

The duration of gonorrhea varies considerably in different cases, but all experts agree that the average is about six weeks. This is also our experience; though, more recently, the time has been somewhat shortened through the use of the new silver compounds. However, a great many cases recover sooner, that is, in three to five weeks; a smaller percentage does not see the end of the disease until after as many months, and some unfortunates have to suffer for many years before health returns. It all depends, first, on the severity of the infection; second, on the mode of life and habit of the patient, and, last, but not least, on the conscientiousness with which the treatment is carried out.

Cases healing in a week or two are usually of no specific character and not caused by the gonococcus (see Chapter 10). They are often pointed to as proof that "a clap is not as bad as a cold." In contrast to this unfortunate belief, we will cite here Ricord, the French specialist, to whom we have referred in our "Historical Introduction,"—a man of the widest experience. He drastically expresses his pessimistic mood in the words: "A clap begins and God alone knows when it ends."

CHAPTER XXII.

CHRONIC GONORRHEA.

By chronic gonorrhea or gleet is understood a condition of chronic inflammation of the mucous membrane of the urethra. It is left as a consequence of an acute inflammation. Just when the acute stage is over and the chronic one begins is difficult to decide and a more or less arbitrary matter. But as the average attack of an acute gonorrhea lasts about six weeks, the medical profession generally terms "chronic" all those cases which last longer than about twice this time, that is, longer than two to three months.

Why in some instances the acute gonorrhea heals promptly, while in others it is obstinate and refractory, turning over into the chronic state, cannot be determined in every instance. It is, however, certain that neglect of treatment, improper treatment, improper diet, too great exertion, and, very frequently, the improper use of balsamic remedies, tend to make a case chronic. But there are instances where the case gets chronic in spite of the most skillful treatment and proper care. The character of the infecting microbe, the nature of the one infected, and other uncontrol-

lable circumstances, are the determining factors.

Symptoms.—The symptoms of chronic gonorrhea or gleet resemble those of the later weeks of the acute stage. There is comparatively little discharge, sometimes so much that a drop or two can be squeezed out at any time of the day, sometimes so little that only a slight oozing appears or the lips of the urethra are stuck together in the morning. At times, however, the discharge is more profuse on account of an aggravation of the inflammation, caused by the use of alcoholic stimulants, improper diet, sexual excitement, night emissions, or over-exertions, such as horse back riding, bicycling, dancing, etc.

The discharge is of slimy-mattery character, glue-like, tenacious, stringy and ropy, and its color from milky-white to a muddy gray.

Shreds or Filaments.—Those afflicted with chronic gonorrhea, and a great many others who have apparently completely recovered from the disease, can find in the first gush of urine, passed in a bottle or glass, more or less numerous floaters, so-called “Shreds or Filaments.” They are of different sizes and figurations, some like little short crumbs, others like long drawn out threads, some heavy and sinking quickly, others light and floating a long time, some milky-white, others transparent, glassy in appearance.

Shreds originate either from open unhealed places in the urethra or come from the interior of the many glands which empty into this canal. In both instances, they are witnesses to the fact that the diseased membrane has not yet returned to a perfectly normal condition.

This does not mean to say that all those who have shreds in their urine continue to have gonorrhea. By no means! Many, very many, of those who are perfectly cured in the ordinary sense of the word, who feel well, have healthy wives and healthy children, can find these shreds after year, yes, tens of years, of perfect health. Experience has shown under such circumstances that they are innocent remains of a former infection.

But not always can one trust to the innocence of shreds. They are often the poisonous missiles which spread ruin and death insidiously. For they carry the gonococci, if there be any left in the urinary canal.

Shreds should, therefore, always be taken as a danger signal and warning. If they are present in great numbers, it is best to take it for granted that a chronic gonorrhea remains in spite of the absence of discharge. We find these conditions principally in cases treated with balsamic remedies. The discharge is gone, but shreds, loaded with gonococci, threaten the innocent bride or wife, as the bullet of the lurking brigand threatens the unsuspecting traveler.

The same condition of affairs, that is, infectiousness, but in a less degree, may exist though the shreds be less numerous and less bulky. If gonococci are present, there is danger; if gonococci are absent, there is no danger.

A repeated microscopical or bacteriological examination is required to arrive at a decision.

With the exception of the discharge or shreds, there is usually no sign of illness. Urination may

occasionally smart slightly, especially after an excess in wine or Venus, but there is rarely any severe pain. Nor need there be any other molestation which might remind one of the existence of the disease. And yet, below the apparently unruffled surface lurks the gonococcus, the arch enemy of the human race, patiently waiting for his chance to be transplanted and to bring misery and destruction to more victims of his rage.

Course.—The course of chronic gonorrhea is, as a rule, rather tedious. No definite time of its duration can be set. Though most cases yield to proper treatment nicely, there are some which, on account of complications, wear out patient and physician. Acute aggravations often interrupt the monotony and are frequently mistaken for fresh infections.

Treatment.—*Rest.*—Rest is not so essential in chronic gonorrhea as it is in an acute attack. On the contrary! Moderate outdoor exercise refreshes mind and body and helps to conquer the disease. But over-exertion, horse back riding, bicycling and violent sports are harmful.

Diet.—Nor need the diet be so much restricted. A limited use of light alcoholic beverages, such as a glass of light wine, is permissible, should the craving therefore be very pronounced. In this connection it may be said that it is less harmful to take alcoholic stimulants in moderate amounts regularly, than to indulge in them occasionally. Excesses, of course, are always harmful and are usually followed by an aggravation of the symptoms.

Local Cleanliness and Cleanliness of the

Hands.—As to these we refer to a former chapter. There is no difference whether the gonorrhea be acute or chronic. The discharge is always dangerous to the eyes and to other persons so long as the gonococcus is present therein.

Sexual Relations.—Sexual relations are, of course, strictly forbidden. They do not only severely harm the patient himself, but also expose others to infection, as chronic gonorrhea, too, is communicable in most instances.

Local Treatment.—The local treatment of gleet is far more difficult, and requires much more patience, than that of acute gonorrhea.

Injections.—Injections are also here of prime importance so long as gonococci are present. To decide this, a microscopical examination of the discharge must be made. Should this be impossible, it is best to assume that the contagion is still active if no silver compounds have as yet been used. Accordingly, a course of treatment with one of these remedies had better be undertaken. If no complications exist, Rheno Silver Compound usually effects the cure. If the case proves stubborn, it is best to continue the silver remedy for about four weeks and, then, select one of the astringents given for the later stages of acute gonorrhea. They are also good for chronic cases, provided they are used in somewhat greater strength, but not so strong as to cause pain.

Irrigations with medicines can be tried if injections fail. They are made as in acute gonorrhea, the greater concentrations being rather preferable.

Application of Heat.—As an increased

flow of healthy blood has a very favorable influence upon the healing of any chronic ailment, wherever located, efforts are of late being made to profit from this fact in lingering gonorrheal affections by the application of heat. The advantages are two-fold:

First, the greater afflux of blood forces the gonococci from the deeper layers of the tissue closer to, or into, the canal of the urethra, that is, nearer, or into, the sphere of antiseptic remedies. This makes gonococci-killing medicines more effective.

Second, the heat itself is deleterious to the germs as we have explained in Chapter 13.

The application of heat in any of the forms described in Chapter 13 is, therefore, of great value in most chronic cases and frequently helps where all other efforts have failed. Irrigations are particularly beneficial.

If the bladder is not infected, the catheter had best be used; if it is affected, the other form of irrigation is best. Instead of clear water, the weakest of those irrigating fluids given in Chapter 19 can also be used. This may in some instances be of advantage, but the heat is more important than the medicine.

To give cut and dried rules is impossible, as every case has its own peculiarities. All we can do is to direct along general lines, expecting from those who attempt the treatment to work out the details to suit their own particular case.

Internal Remedies. — The use of internal remedies in full doses should be begun as soon as it has been ascertained by microscopical

examination, or can reasonably be expected (as after four to five weeks of silver treatment) that the specific germs have been eliminated. These medicines (see Chapter 20) are then proper and often work admirably. Local astringents may, or may not, be used at the same time. A little reflection will soon determine the proper action in every instance.

CHAPTER XXIII.

OBSTINATE CASES.

There are instances where patients faithfully and diligently try their very best to effect a cure, but without success. The discharge does not stop. With unfailing punctuality it is there, upon rising, and says its "good morning," as the Frenchman wittily remarks.

Under such circumstances we advise a temporary discontinuance of all local treatment. It sometimes happens that the very irritation of the urethra, the treatment is supposed to allay, is thereby continued and the discharge perpetuated. Then, the stopping of the injection will cure the case. Thus it may chance that a patient, weary and disgusted with the never ending annoyance, quits his physician, stops treatment, and slowly, but surely, loses his discharge. It is in such cases that, even with fair-minded and reasonable persons, suspicion may arise that the medical attendant intentionally kept the disease afresh. But this charge, we must say, is without justification, since such incidents may happen to the most faithful and conscientious physician.

If, however, after due time no improvement

follows, or, yea, the discharge increases or other symptoms of aggravation appear, it is safe to conclude that complications exist. These must be located and treated according to their nature.

WHEN TO MARRY?—Deciding this question, we must ask: "Is there any possibility left to infect others?" and further: "What are the outward signs of such possibility?"

The possibility to infect others remains so long as gonococci are present in the urethra or its neighboring organs, and the outward signs that this is, or may be, the case are discharge or shreds.

A microscopical examination is, therefore, not always necessary to decide the question of marriage. If a patient has been properly treated; the discharge has ceased entirely for some time, say several months; the urine is clear and no filaments or shreds are in its first portion,—the patient may safely marry without fear or scruples.

In all other cases the opposite obtains. It does not require the existence of a daily or occasional discharge; it does not require the scanty secretion just sufficient to stick the urethral lips together during sleep,—the presence of shreds in the urine, without any further evidence of disease, is sufficient to call for minute scrutiny. It is in these shreds that the gonococcus is transferred, as they contain the germ, if there is any in the urinary tract.

Happily, however, the presence of filaments or shreds is not always a conclusive proof that the case is infectious. The number of those who present filaments in the urine after a case of gonorrhea is so great that it would be ruinous to

the propagation of the race to exclude them all from marriage. Nor is it necessary to do so. Not every one who produces filaments harbors specific germs. Many shreds are harmless and contain no gonococci. But how to know this? How to decide which shreds do carry infection, and which do not?

Under such circumstances, a microscopical or bacteriological test becomes indispensable. This means that the filaments must be examined under the microscope and eventually also an attempt be made to demonstrate the microbes by growing them on suitable soil.

The latter procedure is extremely difficult, but the most conclusive; the former requires less skill and less time, but is also less satisfactory, though it is the only method usually employed.

In order to come to a definite conclusion, both tests must be repeated a number of times, as the failure to find the germ in but one test is no convincing proof that it is not present. But when four to six thorough-going examinations have been made and all fail to disclose the elusive microbe, the conclusion is justified that it is not there.

In those cases where there still exists a visible discharge; or where the urethral lips are glued together in the morning; or where upon provocation, sexual or alcoholic, there again re-appears a little mattery moisture at the outlet of the urethra; or where there are dull discomfoting sensations near the rectum upon the same occasions,—the above cumbersome examinations need hardly be made. One may at once come to the conclusion that the case is still infectious and the

disease communicable. This we say in spite of the fact that there are cases with the above symptoms that are not infectious. But these instances are the exceptions and it is far, far better to err on the side of overcaution than to take a dangerous risk.

We know that a certain percentage of our readers will turn a deaf ear to our admonitions. These always have lived, and always will live, a careless life. They will not bother with examinations of shreds and filaments, nor wait with marriage; they take their chances, however frightful the consequences—to others. Nor are these reckless members of human society by any means confined to the lower walks of life. They are also frequently found among the upper and the highest classes. They must be reckoned with and taken care of. The following advice given by Dr. Kromayer (Muenchener Medicinische Wochenschrift No. 24, 1898) will not be amiss for them, but should also be heeded by all those who have shreds in their urine, however harmless in appearance.

“First: Urinate immediately before sexual congress to expel any secretion that may have accumulated in the urethra.”

“Second: Avoid as much as possible having intercourse oftener than once a day.”

“Third: Never perform the act twice in succession, because, if the first seminal discharge contains gonococci, the friction attending the second coitus brings them into closer contact with the urethra and the mouth of the womb, thereby increasing the danger of infection.”

“If this rule is disregarded, and the act is performed more than once in twenty-four hours, the vagina should be thoroughly flushed out with a vaginal douche, which should, in general, be employed as often as possible.”

A few words more. We have on several occasions mentioned a class of medical practitioners who, from total ignorance as to the nature of gonorrhea and the terrible effects of the gonococcus upon women, or from sheer carelessness, allow patients to marry even before the “morning drop” has disappeared. Beware of them! No act is more brutal, more debased, yes, more criminal, than to carelessly expose to life-long misery or death an innocent woman, who sees in marriage the glory of her future and with confiding soul submits to her marital duties only to find herself sullied in her bridal-night with a loathsome disease. Of what avail are all vain regrets? The damage is done and cannot be repaired. The only consolation, left to the unfortunate husband,—and it is a flimsy one, indeed,—is the placing of the responsibility. And therein we agree with Jullien, who says: “Should the qualification ‘guilty’ be applied to the large number of men who unconsciously soil their wives at the first approach? When the responsibilities are well examined into, it is to the neglect or incompetence of the physician that they should be ascribed. If he has made an insufficient examination, if he has been satisfied with a rapid inspection, he alone is guilty.”

CHAPTER XXIV.

STRICTURES.

We, here, arrive at the most frequent and, perhaps, most troublesome complication of gonorrhea. Be it, however, understood that by "most troublesome" we do not mean the most troublesome as to local annoyances, but as to far reaching consequences upon the entire organism.

What is a Stricture?—The urethra, the conduit for the urine, is a canal, the walls of which are soft, pliable and elastic. If at any point in its course there exists an obstruction, which narrows the passage or makes the walls less pliable and unelastic—we call it a stricture. In other words: A stricture is an obstruction within the urethra. It is mostly of scarry nature. In this instance, it has, like any other scar, the tendency to shrink and to thereby gradually encroach upon the urinary canal. Behind the stricture, that is, towards the bladder, the urethra is usually widened in consequence of the pressure exerted by the bladder to force the urine through the narrow passage (see Figure 19).

Causes.—Gonorrhea is the cause of strictures in 80 to 90 per cent. of all cases.

Self-abuse comes second in importance, especially if practised in early youth and frequently.

Injuries come third.

In a number of instances no cause can be assigned.

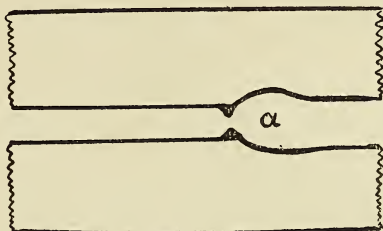


Figure 19. a—Widened place behind the stricture, lying towards the bladder.

Different Kind of Strictures. — Not all strictures are alike. In some instances the stricture is hard and tough, the remains of a sore healed with a firm and solid scar. In other instances, it is partly hard and partly soft. This happens if the sore heals but imperfectly, that is, if its front part, lying towards the outside, forms a scar, while the back part, lying towards the bladder, remains open and discharges (Figure 20). In still other instances, the stricture is not formed by a scar but by a chronic swelling and infiltration of the tissue beneath the mucous membrane (Figure 20 a) or by a granular growth like proud flesh.

Their *Number* varies. Sometimes there is but one, sometimes there are two or three, and sometimes so many that the entire urethra from one end to another is studded with them.

Their *location* may be in any part of the urethra. However, they are oftener found in the deeper than in the front part of the canal. Their favorite place is near the bladder.

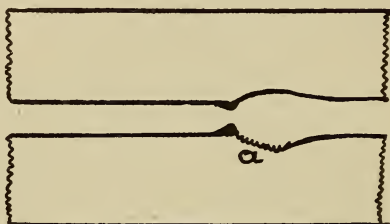


Figure 20. a—open sore behind the stricture, lying towards the bladder.



Figure 20a. a—stricture caused by an infiltration beneath the mucous membrane and not by a scar.

Their *form* also varies greatly. It may be that of a period, or of a comma, or a half moon, or a circle, or even that of a corkscrew. The more extensive they are, the more dangerous they must be considered.

Why do Strictures Develop in One Case and Not in Another?—Some causes are known. To these belong: Too strong injections. These latter are used sometimes ignorantly, sometimes intentionally in the mistaken belief that the stronger the injection, the quicker the cure of gonorrhea.

Another cause is a protracted course of the disease. Everything that tends to delay the healing, such as improper conduct, improper treatment, sexual indulgence, and especially the untimely use of balsamic remedies,—also tend to produce strictures.

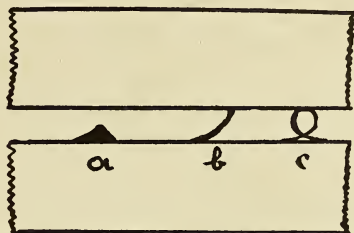


Figure 21.—Forms of Strictures. a—Stricture in the form of a dot; b—Stricture half encircling the urethra; c—Stricture encircling the urethra.

There is no better preventive than a mild silver injection in the beginning of the trouble and the elimination of the gonococcus at the earliest possible moment. The longer the gonorrhea lasts, the greater is the chance for a stricture. In chronic cases of gleet, the development of a stricture is, therefore, a common occurrence and should always be searched for promptly.

Symptoms.—*Discharge.*—Sometimes there is discharge, sometimes not. This depends upon the condition of the original sore. If it is perfectly healed and nothing left but a solid scar, no discharge exists; but if it is healed only partly and is still suppurating, there will be a discharge.

If there is discharge, the case does not, to outward appearances, differ from common gleet. The oozing may be daily or occasionally, may be

greater or less, and urinating smarting and burning one day and painless the next. In fact, as gleet and stricture are usually associated and go hand in hand, they blend their symptoms, so that nothing short of an instrumental examination will make it possible to decide whether a stricture exists or not.

If there is no discharge, there may be shreds, more or less, as evidence that some pathological process is still going on in the depth of the urethra. But also these may be absent and nothing indicate the insidious disease but a slowly increasing difficulty in urination, a failing sexual power, or nervous symptoms of general character.

Frequency of Urination.—The frequency of urination changes with changing conditions. On some days it is very great, on others less, depending on the degree of irritation present. This increase of the desire to urinate is one of the most common symptoms of stricture, but is usually attributed to disease of the kidney.

Change in the Stream.—The stream need not, and usually is not, changed in the case of slight strictures. The urine flows easily and, apparently, without hindrance. Gradually, however, as the canal narrows, it becomes smaller, irregular, forked, twisted and turned. The last drops are usually retained and run out later, wetting the shirt. Slowly the difficulty increases. It takes a little time and requires some pressure to empty the bladder. The force is diminished, the bow grows smaller and finally fails and the urine drips from the outlet.

If no relief is sought, at last those unfor-

tunate conditions develop where urination is extremely difficult, the bladder distends and inflames, the kidneys become involved, and the desire to pass water is almost continuous.

The symptoms portrayed above, usually grow worse slowly, sometimes very slowly. It may require many, even ten to twenty, years for their full development. So it may happen that the original cause, from which the present trouble comes, has been entirely forgotten, particularly if it was of light nature. Under such circumstances memory is refreshed with difficulty. Frequently the physician must question for a long time until he finally succeeds in recalling to mind a long forgotten, trifling discharge some five, ten or twenty years back, to the utter amazement of the patient, who will not, or cannot, understand that this "paltry affair of his younger days" underlies his present ailment. And yet it does! Vengeance sometimes comes late, and many a man has, after reaching the age of 40, 50 or even 60, paid the penalty for sins perpetrated in his youth.

But the progress is not always slow. The complete stoppage of urine may come on suddenly like a bolt from a clear sky. Physical overexertion or excesses in wine or women may cause an already existing, but so far unobstructive, stricture to suddenly swell so much that the urinary canal becomes completely closed. Relief either comes of itself in a few hours or must be brought about by artificial means (see Chapter 17).

Effects on Sexual Capacity and Procreation.—These are not wanting in a goodly

percentage of cases. The erections are discomforting, the emissions painful; the semen, instead of leaving in forceful jets, lingers in the urethra and dribbles and oozes out, or is forced back into the bladder and discharged with the next urine, which, in consequence, looks turbid and milky. Sterility is often the outcome.

In other instances, and these are many, the erections gradually become weaker, infrequent, the sexual desire vanishes, the emissions are precipitated and night losses and losses of seed with stool and during urination increase in number. A higher and higher degree of impotence develops and finally the derided "little dose" has made its victim a sexual wreck.

Effects on Other Parts of the Body.—These are so many and varied that only the most important can briefly be mentioned. It would fill volumes to give a full and accurate account of all those symptoms which go to make up what is termed "Sexual Neurasthenia" and are, in a great many instances, directly or indirectly caused by the existence of strictures.

Of such symptoms may be enumerated:

First, pains in and around the genitals, that is, pains in the urethra, the penis, body and head, pains around the rectum, in the rectum, the cords, the testicles, the groins, etc. They are sometimes felt in one place, then in another; again they are wandering from place to place; and then again are permanently fixed at a certain point, representing all varieties as to intensity and location.

Second, pains radiating farther, that is, pains in the legs down to the heels, the back, the bowels,

the stomach, ~~between~~ the shoulder blades, etc.

One of these symptoms, namely, the **lame back**, deserves special mention. It is very, very frequent and, by the laity and also by physicians, nearly always blamed to everything else but its most frequent cause, the stricture. For many years, when a patient presented himself with a chronic lame back, we have always looked for, and rarely failed to find, the stricture. Then, of course, the urethral trouble deserves the main attention. Hot and cold applications, massage, liniments, internal remedies, etc., may at times give temporary relief, but are rarely of lasting benefit. The root of the evil must be destroyed in order to effect a permanent cure.

However, though the attention has been called to the real cause of the backache, many a patient can only be convinced with difficulty that a stricture lies at the foundation of his ailment. We vividly recollect the case of a gentleman, about 55 years of age, who one day came hobbling into our office, supported on the one side by a crutch, on the other by a cane. For years he had suffered from an occasional backache. Of late, however, his condition had become so acute that he could move about only with great difficulty and was unable to do manual labor. A stricture was suspected and an examination suggested. The very idea was received with scorn by the patient who regarded it as an insult. He had, he claimed, never had any "disease," nor had he ever noticed any abnormality of his urine. The examination being flatly refused and the patient bent on having something for his "Rheumatism," the demand

was under protest granted, but—without beneficial result. About a week later he returned, asking for a change of medicine. This wish was also complied with, after a trial with electricity had failed to be of benefit. The same negative result followed. A week later he again returned in the same unimproved condition. Placed now before the alternative of submitting to an examination for stricture or changing the physician, he yielded and a slight but tough stricture was detected near the bladder. Strange to say! The mere touch of the instrument was followed by improvement. What no medicine had accomplished, the instrument did; the patient experienced immediate relief. The stricture was stretched a few days later. *The scarry tissue tore slightly and a drop or two of blood followed the withdrawal of the instrument. The moderate amount of pain, but more the sight of blood, frightened the timid patient so much that, although he could leave the office after this first treatment with a perfect back, he failed to return for further treatment. We did not see him again until a year or two later when he came to consult us about another trouble. Upon inquiry it was ascertained that the backache remained cured and that he felt perfectly well up to the time of this new ailment. And it may be added that, to the day of this writing, many years later, his backache has never returned, as the patient repeatedly assured us.

But let us add at once that the case was an exceptional one in several respects, not only as to the swiftness of the cure but also as to the absence of urethral symptoms. The patient, it seems, never

had had any discharge nor trouble with his urine, nor could, or would, he remember an attack of gonorrhea. This is a rather rare occurrence, granted that he told the truth. In most cases suggestive symptoms can be found if one knows and looks for them. There has been, or there still is, occasionally upon rising, particularly after a debauch, a little moisture at the outlet of the penis or a glueing together of the lips of the urethra; or there is experienced at times a slight difficulty in passing the water; or a little burning, or a dull, uncertain, nasty sensation near the rectum may be felt. These and other symptoms (see chapter on "Chronic Gonorrhea") should put the initiated on his guard when a few years after an attack of gonorrhea, light or severe, the back begins to trouble.

The intensity of the backache, of course, varies greatly. It is usually light and intermittent in the beginning, days of distress changing with weeks or months or, perhaps, years of perfect health. Slowly, however, with the encroachment upon the urethra the backache increases. Finally it reaches a stage where it seems necessary to "do something." Liniments and plasters are first resorted to. Then come electric belts and internal remedies, and finally the doctor is consulted. Upon his ability to diagnose the case depends the sufferer's prospect for relief.

Besides these local manifestations, there is a train of general symptoms, mostly of nervous nature, ranging from slight nervousness to complete nervous breakdown. Any part of the body may be affected, but the digestive organs, more than

any other, give rise to complaints. Indigestion of various kinds; vague, wandering pains or pains fixed at certain points of the abdomen, especially around the navel; furthermore, headache, general weakness, sore spots along the spine, palpitation of the heart, sleeplessness, etc., etc.,—may be indirectly caused by strictures.

For a better illustration let one of those unfortunates tell his own story, as he told it to the writer. He said in substance: "I have now been sick for about nine years with various symptoms and half of the time was unable to work. My trouble began with pains in the region of the bladder, which slowly crept up in the course of years and later radiated over the entire body. Backache began to torture me, my appetite vanished, the bowels became constipated, headache grew frequent and restless, dreamy sleep haunted me until I am now in a desperate condition, hardly able to make a living."

Questioning revealed the following facts. The patient was at that time 28 years of age. At 18, he contracted a mild gonorrhea, which healed in a few weeks. For a year after he felt well. Then the trouble began. He employed a physician without obtaining relief. He changed doctors without benefit, going from bad to worse, and was treated for various ailments, such as catarrh of the bladder, dyspepsia, lumbago, general nervousness, nervous breakdown, etc. Being questioned whether he had any trouble from his former "clap," he said: "No, except that there is occasionally a slight burning sensation when urinating, and that, at times, the urine does not

come as freely as it used to." The diminution of his sexual appetite, which he began to notice about six years before, he attributed to his failing health and did not give it further thought.

This case was typical of those many unfortunate creatures who spend the few dollars they have saved, or can earn, in vain efforts to regain their health; who travel from one "Hot Springs" to another; who try doctor after doctor and finally land in the hand of quacks, those merciless vampires who rob the victim of his last penny and then abandon the living corpse to its miserable fate.

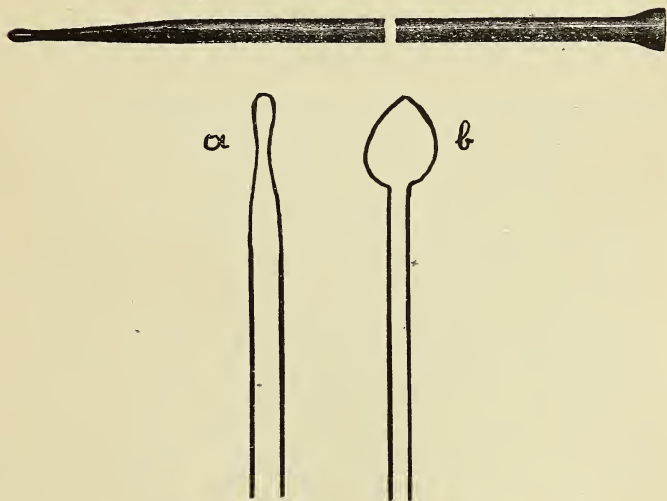


Figure 22. Bougie. a—olive typed bougie; b—bulbous bougie.

It is, of course, no easy task to restore to health such extreme cases as the one referred to. Yet, a cure is possible. So it was in our case.

Its history gave a good clue as to the cause of the misery. Upon examination, a number of strictures were found. These being properly treated, the patient slowly recovered.

Diagnosis.—Although the symptoms above enumerated are very suggestive and should at once direct one's attention to the possibility of a stricture, there is only one way to find out definitely, and that is, by an examination with a bougie. This latter is a long, pencil-like instrument of soft, flexible texture (see Figure 22). It is far better for diagnostic purposes than the steel sound, still frequently used by physicians. Steel sounds override slight strictures, fail to indicate soft strictures altogether, and do not afford the fine, sensitive touch so essential to a proper diagnosis. They are, therefore, in our opinion, utterly useless for difficult cases, although tough and tight strictures can be detected with them. A great many times, using these bougies, we have found strictures where others denied their existence and our blunt steel dilator also slipped in without a hitch.

It is absolutely essential not to overlook the slightest stricture in order to do justice to the case. It is by no means always the tight stricture which causes the most trouble. We have treated scores of patients who exhibited the most intense nervous symptoms, though the bougie revealed but slight encroachment, while the steel sound gave no clue whatever.

An instrument of medium size is best for ordinary purposes.

The passing of an instrument through the

urethra into the bladder is a performance which may result in great harm by the introduction of dangerous microbes, if done carelessly. To avoid evil consequences, a thorough disinfection of the instrument is the first and most indispensable prerequisite. It is accomplished as follows: Prepare a solution of Rhenolin (Prescription 36), two teaspoonfuls to a pint of freshly boiled water. Place bougie in this solution and allow it to remain there for about one-half hour. Then take it out, rinse off with freshly boiled water to remove the disinfectant, dip point into glycerin and introduce into urethra after the penis has been prepared in the same manner as before the introduction of a steel sound (see later).

Prescription 36.

Rhenolin 4 ounces
Two teaspoonfuls to a quart of water.

If there is no stricture, the instrument glides in smoothly without stopping except at the end of the urethra where a slight resistance is encountered while overcoming the cut-off muscle of the bladder. On passing, no real pain is felt if the canal is normal. Sore places, as, for instance, frequently exist behind strictures, are indicated by a sharp, cutting sensation as soon as they are touched. Slight or soft strictures arrest the instrument but for an instant, while tied and hard ones stop it entirely. The passing of the stricture is marked by a jerk, more or less pronounced. If doubt exists, the repeated shifting of the instrument back and forth will remove it, as the same jerk will be distinctly felt each time while passing the obstruction.

These phenomena are so distinct and characteristic that no one should fail to arrive at the proper conclusion. There is but one pitfall. In sensitive persons, the muscles around the deepest part of the urethra may suddenly contract in a cramplike manner when the point of the instrument comes closer to the bladder. Thus it is caught in a similar way as it would be by a stricture, if one existed. For definite determination, one should hold the instrument against the obstruction for a short while under gentle pressure. If it is merely a cramp, the muscles will soon relax and leave the urethra unobstructed, and the sound may then be gently shifted back and forth without hindrance.

Treatment.—The treatment of strictures should, if possible, be placed in the hands of a competent physician. We say “competent” advisedly and with great emphasis, as by no means every physician deserves this designation. A good many of them are no more, yes, even less, fit to handle the sound than the well instructed patient.

We, therefore, will describe the treatment fully. The details may serve as a guide for either self-treatment or the passing of an intelligent judgment on the treatment at the hands of a physician.

The treatment of strictures must be instrumental in by far the majority of cases. Only few are amenable to medicines, namely, those where the obstruction is caused by no scar (see above). However, as under such circumstances the use of the sound is also of great benefit, the patient need

not concern himself about the difference.

Before we enter upon this subject more minutely, it becomes desirable to dispel a notion which has been built up in the mind of the laity by the advertisements of quacks and fakirs. This is the erroneous belief that strictures can be dissolved with remedies, either applied locally or taken internally. Thoughtful reflection upon what has been said in previous pages as to the nature and character of strictures must make it evident that this cannot be done, except where they are formed by infiltrations. Scars in the urethra cannot differ materially from scars on the external parts of the body. Everybody knows that these latter cannot be dissolved. They can be cut and stretched, they may become pale and less visible, but they cannot be dissolved.

So with strictures formed by scar-tissue. They can be cut and stretched and rendered harmless, but they cannot be dissolved by medicines in the manner ordinarily claimed.

There is, however, one exception to this rule. It has been discovered lately that Thiosinamine possesses the remarkable property of bringing scar-tissue to absorption wherever located. But it must be given hypodermically to be of benefit. It is absolutely ineffective if it is applied locally or taken internally.

Though Thiosinamine has given splendid results in some of our cases, details as to its use must be omitted as sufficient experience has not yet been gathered to warrant its employment by the laity. It must suffice to have attention drawn to it.

Treatment with Sounds.—The sound is an instrument made of silver or nickeled steel. Its shape is given in Figure 23.

Sounds are numbered according to their size. Several scales are used. The French scale is the most popular. Number 20 French (about 13 to 14 American) is about the caliber suitable for the first insertion. It may, however, prove to be too small for some, too large for other cases. It all depends on the size of the stricture and that of the

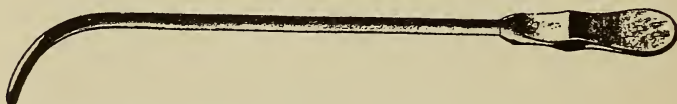


Figure 23.—Sound.

outlet of the urethra. The sound should be so large that it just passes the narrowed place and its size should be increased as the passage widens. This necessitates a set of instruments.

Preparation of the Instrument. — Clean sound thoroughly with soap and hot water and, then, boil it for fifteen minutes. Never attempt to introduce it without this thorough disinfection.

A steel sound may also be sterilized by repeatedly dipping it into alcohol and burning it off.

Preparation of the Patient.—Clean hands thoroughly with plenty of soap and hot water and,

Prescription 37.

Rhenolin 4 ounces
Two teaspoonfuls to a quart of water.

then, with a solution of Rhenolin (Prescription 37), two teaspoonfuls to the pint of boiled water. Retract foreskin and wash head of penis with soap

and hot water. Finally urinate to clean out urethra. To neglect this precaution may cause serious consequences.

Technic of Introduction.—These preparations made, lie down on bed or couch, strip foreskin back, take head of penis between thumb on the one side and second and third finger on the other, dip tip or beak of instrument in glycerin, open lips of urethra with fingers holding penis, and introduce sound in such a way that, in the beginning, it is held over the groin, across the body (Figure 24),

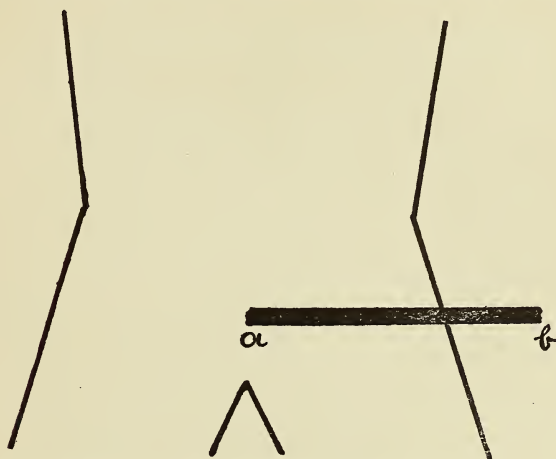


Figure 24. Sound over groin. a b—sound.

the handle nearly touching the skin. As soon as the curve has disappeared in the urethra, swing the instrument slowly until it lies over the middle line of the abdomen (Figure 25), the handle still close to the skin. The latter is now slowly raised and pushed with a gentle pressure in the direction of the canal. Arriving at a horizontal position, or just after, the pressure should cease, as the sound

will be carried the rest of the way by its own weight.

The entrance of the beak into the bladder is manifested by a sinking down of the handle between the legs. If the beak be caught and held back in front of the bladder, the handle does not sink down but has a tendency to rebound, while the skin in front of the rectum bulges out.

If this happens, withdraw sound a little, lay

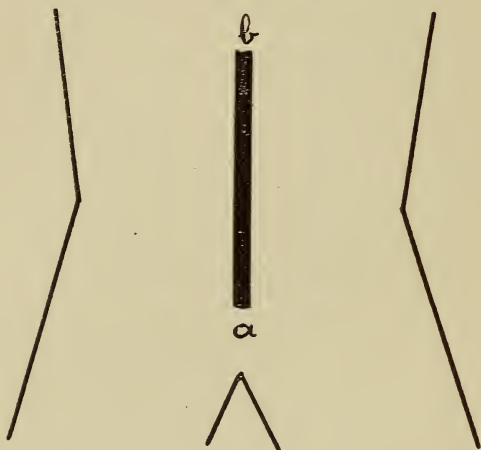


Figure 25.—Sound over abdomen. a b—sound.

fingers of free hand at the bulging point, press beak up towards the front wall of the urethra and re-introduce. Repeat the procedure, if necessary, or turn beak a little to the right or left by way of search. According to the location of the stricture, it may at times serve the purpose best to press the beak down in order to bring it over the obstruction.

The entire procedure must be done gently,

very gently. Strong pressure should be absolutely avoided. It is multiplied many times at the beak and may force this end into the inflamed tissue, forming a so-called "False Passage." This is an unfortunate occurrence, as it creates a most serious complication.

The introduction of a sound into a healthy urethra is accompanied by a sensation as of pricking points and followed by a desire to urinate as soon as the bladder is approached. If the mucous membrane is diseased, these sensations are, of course, intensified. In extreme cases, nausea, even fainting spells, may be occasioned by the first introduction.

Complications Caused by Sounding.—Besides the fainting spells, just mentioned, there are several complications which may be occasioned by sounding. These are:

False Passage.—Unskilled manipulations or too great pressure may push the beak of the instrument into the inflamed tissue and create a pocket, a so-called "False Passage." Such pockets are not only dangerous as hiding places for microbes and starting points for abscesses, but are also a constant source of annoyance during future soundings, as the back of the instrument is frequently caught again in these very pockets.

Gentleness during sounding will prevent the occurrence.

Urethral Fever.—Fever following the passage of a sound is called "Urethral Fever." It is caused by the infection of the blood with microbes from the urethra. A chill ushers it in; then follow aching pains all over the body with urinary dis-

turbances, such as burning in the urethra, frequent urination, etc. The symptoms usually subside in a few days.

Urethral Fever can be prevented:

First, by paying strict attention to the disinfection of hands, instruments, penis, etc.

Second, by care and gentleness in passing the sound. Any bruise or tear, resulting from too great force or carelessness, may serve as the open door for the everywhere lurking microbes.

Third, by taking remedies which render the urine antiseptic (see later).

Inflammation of the Testicle.—This complication may follow in spite of the utmost care. Should it occur, further instrumental treatment must be postponed until the acute pain and swelling have disappeared.

Wearing a suspensory and taking the same precautions as against urethral chills, also tend to prevent the inflammation of the testicle.

Size of Sound.—Most strictures, when first detected, are still of such caliber as to admit the introduction of a good sized steel sound. It is, therefore, best to try first No. 20, French scale (13 to 14 American). If it enters the bladder, it should remain for a few minutes and then be withdrawn. If it does not, and cannot be made to do so in spite of gentle persistence, it is better to abstain from further efforts on that day, as they involve some risk. As soon as the irritation caused by this first attempt has subsided, that is, after one to three days, try a sound three or four numbers smaller.

If No. 20 passes, a larger size should be used

the next time, and so on gradually until about No. 30 to 33 has been reached. The narrowness of the entrance to the urethral canal usually forbids the passage of still larger sounds. If, however, larger instruments can be passed without violence, it is advisable to do so. The greater the dilation, the safer will the patient be against the recurrence of the stricture.

Repetition of the Treatment.—Every treatment is followed by a more or less marked reaction, indicated principally by discomfort and pain during urination. Not until these have passed away entirely, should the next attempt be made. It matters not if four or five or six or still more days intervene. Too great eagerness and hurry bring detriment instead of benefit. Persistency is laudable, but patience still more so.

Urinary Antiseptics.—An antiseptic urine is not only a safeguard against urethral chills and fever, but also hastens the subsidence of the distressing symptoms of reaction. It is, therefore, advisable in all cases where sounds are passed to take either Hexamethylenamine (Prescription 38) or, better, Methylene Blue Tablets (Prescription 39), as long as the instrumental treatment is continued. No one can afford to neglect this precaution. If the operations are made at greater intervals, it will sometimes suffice to take the remedy one day before and from two to four days after the treatment, according to the amount of discharge and pus in the urine.

Prescription 38.

Hexamethylenamine. . . 4 grain tablets, No. 50

One tablet dissolved in water three times a day.

Prescription 39.

Methylene Blue,
Nutmeg, each 2 grains
Made into tablet, pill or capsule. One
three times a day.

Alkalies and Balsamics.—They must be used to mitigate the pain after treatment in extreme cases. For further particulars see Chapters 14 and 20.

Strictures of Very Small Caliber.—These are very difficult to treat and require such a variety of instruments, so much skill and special knowledge that self-treatment is impossible.

Where Sounds Should Not be Used.—It is not advisable to proceed with instruments in every case of stricture. If there exists a thick, creamy, or a great quantity of slimy discharge, or if the urethra is very much inflamed and tender,—the passage of the sound should not be attempted. The operation is dangerous under such circumstances, as urethral chills, blood poison, inflammation of the bladder and testicles, etc., frequently follow. This rule excludes from treatment with sounds all cases of new infection, or old cases in which a new infection has supervened.

Cases coming under this latter category should first be treated according to the rules laid down in the chapters on "Acute and Chronic Gonorrhea," until conditions have improved sufficiently for instrumental treatment.

Combination Treatment.—Treatment with sounds or dilators very frequently effect a speedy cure of the existing discharge. If it does not, it is best to apply simultaneously the treatment outlined for chronic gonorrhea. Silver injections

should first be used and astringents later. Balsamic remedies had better be avoided until the stricture is well dilated. We have noticed in a number of instances that these internal remedies toughened and hardened strictures to such an extent that they became very difficult to treat. The reader may profit by this experience.

Injections become more effective, the more the stricture is dilated, as they have a better chance to reach the seat of the trouble. It thus often happens that after the removal of the obstruction local applications accomplish quickly what they could not do before.

After Treatment.—If the stricture has been well dilated, the discharge stopped, and the pus and shreds made to disappear from the urine, it by no means follows that the treatment can be discontinued. The cure must be maintained or the stricture will return. To this end it is necessary to continue the passage of the sound occasionally, that is, first once a week, later every second week, then once a month and so on to once a year, as circumstances may demand. The patient must study his own case and use his best judgment. It may be unpleasant to again and again return to the sound, but the cure is not lasting unless this be done.

TREATMENT WITH DILATORS.

Steel sounds, though very convenient for self-treatment, have a great many drawbacks. A whole set is required to meet the changing conditions of the case; larger numbers, which may, per-

haps, be necessary for the proper treatment of the stricture, can often not be introduced on account

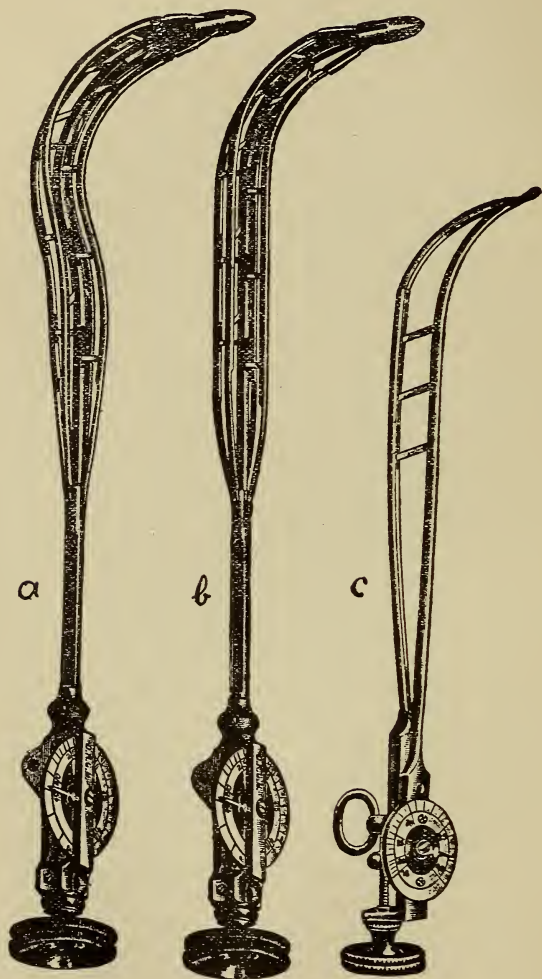


Figure 26.—Dilators. a and b stretch to four sides and are far superior to c, which stretches only to two sides.

of the narrowness of the entrance to the canal; and the stretching under such conditions must, therefore, of necessity be quite insufficient.

These disadvantages are overcome by using so-called "Dilators," that is, instruments which can be widened while lying in the urethra. A great many different models are on the market, of which Kollman's is the best (Figure 26), as it opens and stretches equally to four sides. It is a superior instrument and has given the greatest satisfaction in our hands.

The following are the advantages of the dilator:

First, one instrument is sufficient for all cases.

Second, a narrow mouth of the urethra is no hindrance.

Third, the treatment is far more gentle than with sounds.

Fourth, no case is beyond its reach. With it dilation can be carried to the highest possible point. This fact is of the utmost importance, as a very extended experience has convinced us that many a backache, pain in the leg, urinary trouble, etc., cannot be entirely cured until the dilation has reached the highest mark.

But though Kollman's Dilator is in comparison to the steel sound what the railroad is to the stage coach, it serves no purpose to give details of treatment. The price makes the instrument prohibitive, and the treatment is so beset with difficulties that no one but the expert can apply it properly.

CUTTING OF STRICTURES.

We need not dwell on the cutting of the strictures at great length, as it requires the employment of an expert. Besides, we must admit that we were never in favor of this operation, except in most exceptional cases. It is true that the cutting of the scar opens the canal quickly, but it is also true that this fresh wound will heal again and the new scar reduce the size of the urethra to the same dimensions as before, unless the same persistent treatment with sounds follows which has been outlined above.

To cut soft and pliable strictures, as some physicians do, does more harm than good and should be severely condemned. Dilators, as Kollman's, are strongly built instruments and can handle nearly all, even very tough, strictures. The better one becomes acquainted with their work, the less need is found for cutting, to the great and lasting benefit of strictured men.

CHAPTER XXV.

INFLAMMATION OF THE PROSTATE GLAND.

The Prostate Gland is a hard, solid body of the size and shape of a chestnut, lying around the urethra near the bladder (Figure 27). Through numerous ducts its secretion flows into the urethra. By way of these very ducts the gonococci, in many instances, enter the gland and, according to circumstances, cause either an acute or chronic inflammation.

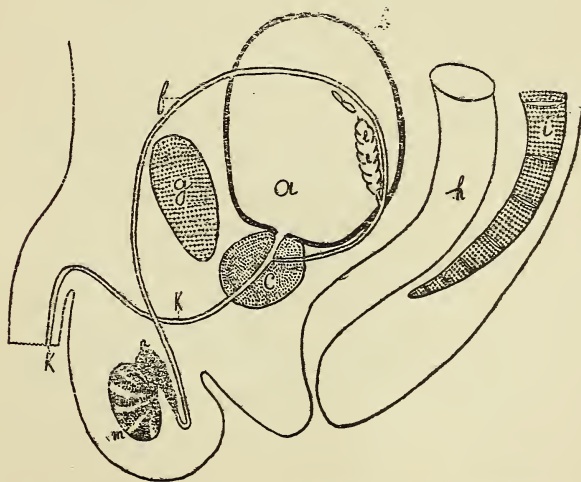


Figure 27. Prostate gland (c) located near the bladder around the urethra.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.

This is a rather rare disease, often terminating in an abscess. The symptoms, such as chill, fever, bulging and severe pains in front of the rectum, difficulty in, or impossibility of, urination, etc., are so violent and distressing that a physician will and should always be summoned. Mention of it is made only to draw attention to the possibility.

CHRONIC INFLAMMATION OF THE PROSTATE GLAND.

This form is far more frequent, yes, a rather common accompaniment of chronic gonorrhea. The symptoms very much resemble those of the latter ailment. They consist in the oozing of a thickish, turbid, slimy or slimy-mattery secretion, sometimes tinged with blood. Larger quantities appear in the urine and at the mouth of the urethra after a hard movement of the bowels.

This discharge is accompanied by a vague sensation of heaviness near the rectum, pains running from the rectum towards the penis, the back and the legs and along the urethra, painful emissions, frequent and difficult urination, etc.

To find out definitely if the prostate gland is affected proceed thus: Clean urethra of all discharge by urinating, introduce finger well greased with Petrolatum into the rectum and massage gland for a short while. Thereby its contents are pressed into the urethra and can be squeezed out from there by milking along the lower side of the penis.

Treatment.—The treatment must always begin by first removing the chronic gonorrhea and strictures, which usually accompany the chronic inflammation of the prostate gland (see Chapters 22 and 24).

A light, easily digestible diet, with less meats and more vegetables and fruit, tends to bring about a good daily movement of the bowels and hastens the cure. Constipation irritates and makes conditions worse. Plenty of water, milk and other non-irritating drinks are advisable. Too much exercise, excesses, physical and mental, all sexual irritation and also heavy alcoholic stimulants, must be avoided.

Hot irrigations of the urethra and the rectum, as described in Chapter 13, are the best local applications.

Next come remedies applied into the rectum, Ichthyol and Soluble Silver Ointment (Prescriptions 40 and 41).

Prescription 40.

Ichthyol $\frac{3}{4}$ drachm
Hydrous Wool Fat,
Petrolatum, each enough to make 2 ounces
Apply about one drachm.

Prescription 41.

Rheno Silver Ointment 1 ounce
Apply one-half drachm.



Figure 28. Pile Pipe.

Either ointment is best applied by means of a "Pile Pipe" (Figure 28). Or the remedies may be made into suppositories.

Of internal remedies only one gives any promise, namely, Fluid Extract of Ergot (Prescription 42).

Prescription 42.

Fluidextract of Ergot 3 ounces

Twenty to forty drops three times a day
between meals.



CHAPTER XXVI.

INFLAMMATION OF THE TESTICLES.

The seminal ducts, the conduits for the semen, run from the testicles up in front of the bone above the penis, enter the abdominal cavity at the same place where the ruptures come out, pass first aside, then behind the bladder, and finally perforate the prostate gland and empty into the urethra (Figure 29).

This is the very road, though in the opposite direction, on which the gonococcus travels to reach the testicle.

Causes.—The causes leading to the inflammation of the testicle are manifold: Inflammation of the prostate gland, strictures, careless manipulations with instruments in the urethra, pulling and tugging on the spermatic cords by low hanging testicles, violent exercise, bicycling, horse back riding, jumping, lifting heavy loads, sexual excitement, etc., etc.

It is true that too strong injections may also give rise to the disease; it is, however, not true that all and every gonorrheal inflammation of the testicle is the result of local applications, as some fakirs and unscrupulous vendors of remedies for

internal use would like to make a credulous public believe. As proof we point to those innumerable cases which develop the above named complication without ever having used a syringe.

One-Sided or Double Inflammation.—Inflammation of the testicle usually develops but on one side. If both testicles become involved, the in-

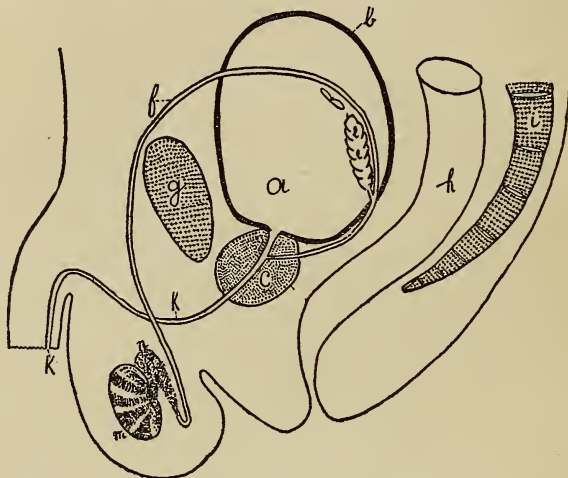


Figure 29. Course of the spermatic cord. a—bladder; b—wall of the bladder; c—prostate gland; e—seminal vesicle; f—spermatic cord; g—pube bone, that is, the bone above the penis; h—rectum; i—end of the back bone; k—urethra; m—testicle; n—epididymis, usually the seat of the inflammation if gonorrhea attacks the testicle.

The semen is produced in the testicles, passes along the spermatic cords, is stored in the seminal vesicles, is discharged from there during coition into the urethra and thus reaches the outside.

flammation on the one side generally precedes that on the other by several days or weeks.

Prevention.—Although the inflammation of the testicle cannot, with certainty, always be forestalled, a great deal can be done towards its prevention. Above all, the testicles should be rested

comfortably in a tightly fitting suspensory in every case of gonorrhea, acute or chronic, severe or light, so that all strain on the spermatic cords is avoided. But in order to be of real benefit, the suspensory must actually lift the testicles against the body, for a suspensory in which the testicles hang too low will do no good. We have always experienced great difficulty in impressing this important point upon our patients. Under such circumstances the suspensory must be padded with absorbent cotton until the testicles rest so high that they cannot be lifted any higher even by hand.

Furthermore, all those causes above enumerated must be avoided.

A mild silver injection in the beginning of the disease is another splendid preventive. It is evident that the killing of the specific germ will aid greatly in precluding this as well as other unpleasant complications.

Symptoms.—Dull or darting pains in the region of the groins, running in the direction of the spermatic cord down to the testicle, usually mark the beginning of the complication. They are more pronounced while standing or walking, less while sitting or lying down, and are usually entirely relieved by lifting the diseased testicle with the hand tightly against the body.

A few days later the inflammation sets in. The testicle swells and becomes painful. The skin reddens and feels hot. Very frequently there is fever in the beginning and sometimes a chill.

As the swelling increases, the pain grows worse. Walking gradually becomes more difficult

and sometimes impossible; sleep is restless and disturbed.

The size of the testicle varies from a hardly noticeable enlargement to the circumference of a large fist.

Very peculiar is the effect on the urethral discharge. It decreases considerably, or ceases entirely, as the swelling progresses, but increases again as it subsides.

Course and Consequences.—The length of the attack varies greatly in different instances and depends largely on the care and management of the case. While the pains yield readily to proper treatment, the swelling does not. It takes weeks or months until it is gone, yes, in some cases, there remains a slight chronic enlargement for years.

Besides pain and distress, there is something more at stake than physical discomforts, namely: The procreative power. The inflammatory exudation in many instances permanently obstructs the outlet of the seminal duct, and, although the testicle remains seemingly unaltered, the seminal fluid is deprived of its fertilizing elements. If both sides become affected, the unfortunate "little dose" may render its victim hopelessly sterile, unable to beget offspring and forever deprived of that real joy of family life which the presence of children alone can offer.

Treatment.—The treatment must begin by resting the diseased testicle. Whether this is best done by lying in bed or by applying a suspensory depends upon the circumstances of the individual case. If it be severe, the patient should go to bed. Lying in a horizontal position with the testicles

elevated to the highest possible point affords the best chance for relief and improvement. The elevation is secured either by resting the swollen organ upon a soft cushion placed between the legs or, better, especially if the patient is restless, by applying a bandage in the following way:

Wind towel around waist. Fold napkin, or any other cloth sufficiently large, into triangular shape (Figure 30). Place middle of base (Figure 30a) behind testicle and attach angles (Figure 30 bb and c) to waist band. If the cloth has a tendency to slip, connect base by a tape with the waist band in the middle of the back.

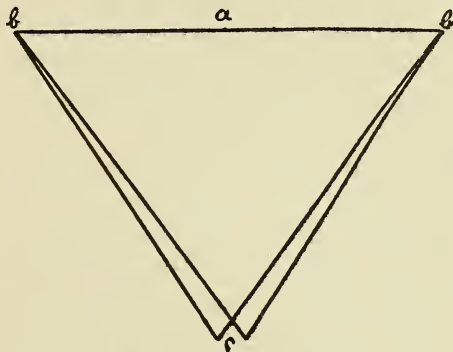


Figure 30. Triangular shaped cloth. a—middle of base to be placed behind the pouch of the testicles; b b c ends to be fastened to the waist band.

Cold or hot applications are next to elevation in efficiency. Which one is preferable depends upon a trial. We usually try ice first in severe cases, as it relieves more quickly, and change to heat where cold is rejected.

How to apply ice: Fill small ice bag with finely crushed ice. Spread over testicle, properly

elevated, a piece of moist linen. Place the icebag upon this and hold it in place with a bandage. Never apply the bare rubber directly to the skin. If the ice is too cold, place two or three more layers of moistened linen under it. The linen must be damp as the cold does not penetrate sufficiently through dry cloth.

The effect, in cases suitable for ice, is nearly always soon apparent. The pain ceases, the progress of the inflammation stops, and the patient is comforted. If relief does not follow, replace icebag by linseed poultices, applied as hot as can be borne, and change whenever they begin to cool.

Even in those cases favorable to ice a change to heat is advisable as soon as the inflammation is checked, that is, after two to four days. The moment to change has arrived when the testicle becomes painless to pressure. Should pain return upon the application of poultices, the ice may be re-applied for a short time.

As soon as the patient is well on the road to recovery, he may rise. In such case, or when he is not able to go to bed, the application of a tightly fitting suspensory is indispensable. A size sufficiently large to allow a good padding with absorbent cotton is always best. This properly applied relieves the pain immediately and makes walking easy. If it does not, it is a sure sign that the fitting is bad. To make a test, take the testicle in the palm of the hand and press it gently upward against the body. If this relieves better than the suspensory, the latter can, and should be, improved upon, until it equals in effect the lifting up with the hand.

Remedies.—Many have been recommended, but few are effective.

After trying most of them, we have, of late, given preference to the ointment in Prescription 43 and rarely failed to see the most satisfactory results. Applied once or twice a day, morning and evening, it quickly stops the pain, reduces the swelling and brings about a cure in the shortest possible time.

Prescription 43.

Ichthyol,
Oil of Gaultheria, each 3 drachms
Hydrous Wool Fat,
Petrolatum, each enough to make.. 2 ounces

Proceed thus: Apply ointment thickly; cover the entire pouch of the testicles with a layer of thin linen and, then, a piece of soft, pliable oiled silk, the latter in order to prevent the remedy from soaking into the bandage. Finally, slip on the suspensory, prepared in the manner described above.

The use of the ointment is usually painless. Should it, however, begin to smart after a number of applications, it is best to stand the pain, provided it is not too severe. If necessary, an addition of some Hydrous Wool Fat or Petrolatum will reduce the strength of the ointment and also the pain.

Another remedy is Ichthyol (Prescription 44), a thick, tar-like fluid. It is applied as directed with a camel's hair brush, covered with a layer of cotton as thin as possible, and allowed to dry. Then, the suspensory is placed in position.

Prescription 44.

Ichthyol 1 ounce
Apply every two to three days.

Guaiacol (Prescription 45) is also frequently used with good success. It is a white fluid of sharp, acrid smell and taste, similar to creosote. An application with the undiluted remedy, applied with a camel's hair brush, sometimes cuts the inflammation short; but it is a very painful medicine and, therefore, cannot be put on more than once or twice.

Prescription 45.

Guaiacol 1-3 ounce

Weaker solutions (Prescription 46) burn less, but are also less effective. They are, however, of great service in some cases.

Prescription 46.

Guaiacol 1-3 ounce
Alcohol $\frac{1}{2}$ (to 1) ounce

Injections must be stopped immediately as soon as an inflammation of the testicle begins and should not be resumed until it has practically subsided. They must then be resumed very cautiously, with greatly reduced strength, say one-half to one-third of the usual concentration, and one-half or one-third of the usual quantity. Gradually the strength may be raised and the quantity increased as it is seen that no evil consequences follow.

Constipation, usually accompanying the inflammation of the testicle, has a bad influence upon the disease and should receive proper attention.

To prevent the recurrence of the trouble, a suspensory should be worn for a long time after.

CHAPTER XXVII.

INFLAMMATION OF THE BLADDER.

The bladder is also frequently infected by the gonococcus. It matters not whether the gonorrhea is acute or chronic, severe or slight,—the complicating cystitis, that is, inflammation of the bladder, may arise at any time. Sometimes the cause is plain, such as passing of a sound, forcing of urethral injections into the bladder, catching cold, etc.; sometimes it is obscure, especially if the bladder becomes involved again and again at the slightest provocation. In such instances we must assume that the patient is predisposed to the trouble, that is, catches it easily, while others may remain free in spite of the grossest negligence.

Prevention.—The continuation of the gonorrheal inflammation of the urethra to the mucous membrane of the bladder can, and should be, prevented under ordinary circumstances.

To this end it is advisable during an attack of gonorrhea to continually take some urinary antiseptic, such as Hexamethylenamine (Prescription 47), or, better, Methylene Blue (Prescription 48). They not only keep the infection from the bladder, but also have a beneficial influence upon

the urethral disease. The partaking of large drafts of water, lemonade, milk, buttermilk, soft drinks, etc., also helps materially through the resulting washing out of the bladder. If instruments are used, all precautions mentioned in previous chapters should strictly be observed. The same is true of the abstention from alcoholic stimulants, violent exercise, sexual irritation, etc. The best, however, and most effective preventive is the eradication of the gonococcus with a mild silver injection at the early stage of the disease.

Prescription 47.

Hexamethylenamine...4 grain tablets, No. 50

One tablet dissolved in water three times a day.

Prescription 48.

Methylene Blue,

Nutmeg, each 2 grains

Make into tablet, pill or capsule. One three times a day.

Symptoms.—Dull or cutting pains in the region of the bladder combined with frequent and painful urination point unmistakably to the seat of the trouble. An inspection of the urine confirms the diagnosis. In the beginning it is but slightly altered. Soon, however, the change becomes apparent. It looks turbid, muddy, or of whitish color if only matter, of white-red color if both matter and blood are present. Upon standing, a thick, tenaceous, coherent sediment is formed, consisting of matter and slime.

However, a mistaken conclusion is possible unless the examination is made in the proper way. As a gonorrheal cystitis is nearly always accom-

panied by a urethral and prostatic inflammation of the same origin, the urethra generally contains discharge coming from these two latter places. This may cause error. To avoid it proceed thus:

Take two glasses; pass first portion of urine into the one, a second portion, without stopping, into the other glass. As all matter originating from the urethra and the prostate gland is cleared out with the first urine, the conclusion to be drawn as to the condition of the bladder depends upon the appearance of the second portion. If it is clean and transparent, the bladder is not affected; if it contains pus, cystitis exists.

This test verifies the diagnosis and should always be made where doubt exists.

Treatment.—Strictures and inflammation of the prostate gland, if in existence, must be treated according to the rules given in previous chapters. To neglect them means to delay the cure and invite relapses.

Cystitis demands, first of all, proper diet and rest.

Plenty of warm water, lemonade, milk, peppermint tea, etc., should be taken, but no beverages containing alcohol, such as beer, wine, brandy, whisky, gin, etc. Of special benefit is tea made of the leaves of the Bearberry (Prescription 49).

Prescription 49.

Uva Ursi 3 ounces

A pinch to a cup of tea.

The food should be light: Oatmeal, rice, breakfast foods, soft and poached eggs, fresh green vegetables, cooked fruit, etc. Highly salted

and spiced dishes are forbidden.

The bowels must move freely, as constipation brings increased pain. Injections with warm salt water, that is, one teaspoonful of table salt to a quart of boiled water, serve the purpose best. If they do not take effect, use soap water. Castor Oil will also do.

Rest in bed is required only for acute cases, but as little exercise as possible for all of them. Long walks, dancing, fencing, outside sports requiring quick movements, horse back riding, bicycling, jumping, etc., are forbidden. If the distress be great, hot linseed poultices or, better, hot hip baths (Chapter 13) are excellent and relieve it almost instantaneously. The pain disappears, the urine flows easily and freely, the intense desire to pass water lessens, and a restful sleep refreshes the worn out body.

Medicines.—They are either taken internally or applied locally. Of internal remedies we have again to mention Hexamethylenamine (Prescription 50) or Methylene Blue (Prescription 51). Either will answer the purpose, but the latter is usually best.

Prescription 50.

Hexamethylenamine...4 grain tablets, No. 50

One tablet dissolved in water three times a day.

Prescription 51.

Methylene Blue,

Nutmeg, each 2 grains

Make into tablet, pill or capsule. One three times a day.

To remove more quickly the distressing symptoms of the acute stage, Salicylate of Sodium

(Prescription 52) or Salol (Prescription 53) have proved valuable additions to the above mentioned urinary antiseptics and can advantageously be taken together with the latter until the most serious stage is passed. They rarely disappoint expectations, but do not always agree with the patient's stomach.

Prescription 52.

Sodium Salicylate 1 ounce
Water, enough to make..... 4 ounces
One teaspoonful three times a day after meals.

Prescription 53.

Phenyl Salicylate...16 grain powders, No. 25
One powder three times a day after meals.

Should they fail to give prompt relief, the balsamic remedies, mentioned in Chapter 20, may be tried. They also do well under such circumstances.

Still another remedy is Haarlem Oil, a rather old and familiar friend of the public. It gives very satisfactory results in acute as well as in chronic cases. Moreover, it possesses not only a great soothing and healing influence upon the mucous membrane of the urinary canal, but, in contrast with the other oils, also acts very favorably upon digestion. The remedy can be bought at any drugstore; ten to twenty drops constitute a dose.

All local treatment had better be omitted so long as the disease is at its height, except in such instances where instruments must be used to withdraw the urine.

In later stages, local applications are very beneficial and cannot be dispensed with. They

consist in washing out the bladder. This can be done either by forcing the cut-off muscle, as described in Chapter 19, or by introducing the catheter so far that its eye lies in the bladder. Everything else, especially the precautions, mode of introduction, etc., are the same as given in Chapter 13.

Solutions to be used:

Boric Acid (Prescription 54). It acts mildest. To prepare it, dissolve four heaping teaspoonfuls in a quart of boiling water. The undissolved powder settles down to the bottom of the vessel while cooling. The clear solution is ready for use.

Prescription 54.

Boric Acid 3 ounces
Four heaping teaspoonfuls to a quart of
boiling water.

Potassium Permanganate (Prescription 55), in the strength of from 1:8000 to 1:3000. It is prepared by dissolving two to six one grain tablets in a quart of boiled water. It is more antiseptic, but also more irritating.

Prescription 55.

Potassium Permanganate
..... 1 grain tablets, No. 100
Reduce to powder and dissolve in hot water.

Silver Nitrate (Prescription 56). This remedy often acts very satisfactorily. It is, however, still more irritating than Potassium Permanganate and should only in exceptional cases be used in stronger solution than from one half to two grains to the quart of water. If at any time the pain increases, or the urine grows more cloudy, the strength of the remedy should at once be reduced.

Prescription 56.

Silver Nitrate 16 grains
Distilled Water 16 ounces
One-half to two ounces to a quart of
water.

Formaldehyde (Prescription 57), in the strength of from fifteen to thirty drops to the quart of water. It is of advantage in cases where the urine is full of pus and smells foul. It is easily prepared and not staining.

Prescription 57.

Solution of Formaldehyde 1 ounce
Fifteen to thirty drops to a quart of water.

As to the choice of remedy, we think it best to begin with Boric Acid and gradually take the others as improvement proceeds.

The water for the solution should always be freshly boiled and the medicine be used as hot as possible. The best results are obtained in this way.

Weak solutions must be used first and the strength of the remedy be increased as conditions demand. Each rinsing should be continued until the fluid returns clean. It can be repeated once or twice a day or every other or third day as seems warranted.

CHAPTER XXVIII.

INFLAMMATION OF THE KIDNEYS.

We need not dwell at great length upon this disease as it is beyond the scope of this book. But we feel it incumbent upon us to briefly mention it:

First, because it is a complication of gonorrhea frequently met with, if the gonococcus succeeds in ascending from the bladder to the kidneys.

Second, because the indiscriminate use of balsamic remedies may also cause it. Not unless he knows about a threatened danger, can a patient guard against it.

Though very valuable, if used at the right time and in proper quantity, balsamic remedies should always be resorted to with great caution. Whether they are taken as one's own choice, or as patent medicines, or on the doctor's prescription, the patient should always watch his kidneys while using them, unless this is done for him by his physician. The slightest irritation of these organs, indicated by the appearance of albumen in the urine, gives the warning sign to immediately stop these remedies.

Although pains in the back may occasionally signal the approaching danger, they cannot be

relied upon. The severest inflammation of the kidneys can exist without the slightest annoyance. A simple test will give the necessary information. It all depends on the presence or absence of albumen in the urine. If it is present, the kidneys are diseased, if it is absent, they are not diseased.

How to make this test is described in the last chapter of this book.

CHAPTER XIX.

GONORRHEAL RHEUMATISM.

As stated in Chapter 4, the gonococcus may occasionally enter the circulation and, carried away with the blood, settle in any part of the body. Inflammation ensues at the place of its lodgment. Thus the joints are frequently involved. The reason why the public knows so little about this serious complication lies in the fact that under such circumstances but few physicians make the right diagnosis. They call the disease "Rheumatism" and let it go at that.

We must admit that it is very easy to confound the "gonorrheal" with the genuine rheumatism, as they look so much alike. But there are points of distinction. The genuine rheumatism usually affects a number of joints, jumps from one place to another, and yields readily to treatment; the gonorrheal rheumatism, however, mostly—not always—attacks only one or two joints, principally the knees, rarely wanders about, and last, but not least,—is very obstinate and unamenable to treatment.

If, therefore, a patient, male or female, suffers from "rheumatism" which obstinately re-

mains in one or two joints, renders the affected parts extremely painful and is very resistant to treatment, we advise him or her to consider the possibility of a gonorrheal affection.

The gonorrheal inflammation of the joints is so frequent that we venture to assert that very many of those afflicted with stiffened knees, arms, etc., perhaps the majority of them, must blame the gonococcus for their crippled condition. Of course, the connection between the specific germ and the deformity is not always plain, especially to the layman. But the more the hidden roads are known by which it wanders, the more its treacherous ways are understood, the more cases will, by diligent search, be justly placed at the door of this insidious microbe.

It matters not whether the case is acute or chronic, whether the discharge is plenty, thick and creamy, or slight and scanty, or even only in the shape of filaments and shreds, the joints are threatened so long as gonococci remain in the urinary tract. Though the "little dose" may have been forgotten; or, as with women and children, the existing discharge never has been known to be specific,—that does not alter the case. As with the testicles, so with the joints. Their swelling may surprise the patient at a time and under circumstances so remote and disconnected that only the well informed will suspect the underlying cause.

The following case, witnessed by the author, is well worth mentioning at this juncture.

A young man of powerful physique entered the University Hospital in Munich, Germany, on

account of pains in the region of the heart and shortness of breath upon slight exertion. Examination revealed an affection of the valves of the heart. No other pathological process could be detected. The case seemed rather obscure until, a few days later, the left knee began to swell and the secretion taken from the joint revealed numerous gonococci. No discharge could be squeezed from the urethra. Its outlet seemed perfectly normal, but plenty of gonococci were present in the few lonely shreds contained in the first drops of urine.

Upon questioning, it was ascertained that the patient contracted gonorrhea about a year before. He cured himself in a few weeks by taking Copaiba and felt perfectly well until the present ailment began.

The case developed into a very serious one. After a long and painful illness he left the hospital with a stiffened knee, a ruined heart, a cripple for life.

INFLAMMATION OF THE HEART, THE MUSCLES, ETC.

These complications of gonorrhea are mentioned here only to complete the sketch. They are very rare but serious afflictions and adduce further evidence that the "little dose" is not so contemptible after all and looms up rather as a giant of giants among the scourges that curse the human race.

PART II.

SEXUAL DEBILITY.

CHAPTER XXX.

SELF-ABUSE OR MASTURBATION.

By "Self-abuse or Masturbation" is understood an unnatural sexual satisfaction obtained by the manipulation of one's own body independent of the opposite sex.

The "vice" is enormously prevalent and is known to have been practised from the earliest infancy up to old age.

Masturbation in Infancy.—Although the cases of self-abuse in infancy and early childhood reported in medical literature are few and far between, well authenticated instances are on record of infants who managed to satisfy their sexual instincts by rubbing the genitals against tightly fitting clothes or between crossed thighs.

Masturbation in Later Childhood and Youth.—The frequency of masturbation increases with the advancing years. The number of school children indulging in this immorality is amazing. Boarding schools are nurseries for this pernicious habit. Once introduced, it spreads like wild fire. Although, according to reliable statistics, boys surrender more freely to this passion, girls also, in great numbers, pay homage to this queen of voluptuous sins.

Masturbation in Adult Life.—The frequency of masturbation decreases as adult life is reached. This is due in part because conscience becomes aroused either through books or other reading matter, or the actual manifestations of disastrous consequences; also in part because in many instances the marriage relation affords opportunity to satisfy the sexual cravings in a natural way.

By no means, however, does the normal satisfaction put a stop to abuse. Many a married man, father of a large family, cannot gather sufficient strength of purpose to lift himself out of that immoral pit of "youthful error," in spite of the highest respect for wife and children

Causes.—They are manifold. Masturbation is rarely the result of an inherited instinct. The bad example of friends and playmates, and less often the teachings of depraved older children and adults, present the original cause. The reading of libidinous books and the viewing of indecent and voluptuous pictures may also give the first incentive.

Further causes are: Irritation of the head of the penis caused by the accumulation and decomposition of the secretion under the foreskin, by pinworms leaving the rectum at night, a too narrow foreskin, too tight clothing, itching skin eruptions on and around the genitals, etc. Although they are comparatively rare, they have been enumerated to give a possible clue to parents and teachers, should the contaminating influence of other persons be considered out of question.

Consequences.—Before entering upon the discussion of the consequences of masturbation, let

us try to shatter a vision which, for personal gain, has been conjured up to create the impression that self-abuse must, under all circumstances, entail serious consequences. This is not the fact. We, certainly, do not intend to minimize the ultimate effects of an act which is indignantly repudiated by all those moral and spiritual sentiments which elevate mankind above the brute. We cannot, however, refrain from strenuously condemning the nefarious methods by which unscrupulous human hyenas, sailing under the names of "Specialists," "Medical Institutes," "Progressive Medical Associations," etc., try to benefit by the weakness and credulity to which human flesh is heir. Their sombre pictures, painted in the most vivid colors and representing all the phases from physical and mental breakdown to insanity, are but the bait to lure "youthful sinners" into their well set nets by kindling the arising qualms of conscience into the deepest dejection and despondency. If every young man or woman who satisfies his or her sexual craving by self-manipulation were on the high road to perdition and could not emerge but with shattered body and soul, what would become of human kind?

Whether any, and how much, damage is done depends entirely on the bodily and mental make-up of the masturbator. If he is sound as to body and mind; if he descends from a sturdy, robust stock; if his previous habits have been good and his health not been undermined by the abuse of alcohol and tobacco,—a moderate indulgence may, perhaps, not entail serious consequences.

If, however, masturbation is practiced by per-

sons whose physical being and nervous system are in a wavering and unstable condition; who are of weak, nervous, rheumatic or gouty parentage; who after slight exertion suffer from exhaustion; or who tax their strength by simultaneous abuse of alcohol and tobacco, or by too strenuous mental labor and worry,—serious consequences are rarely wanting.

The greater the predisposition, the greater will be the injury, other things being equal. This refers especially to the growing child at the age of puberty, a time when in Nature's economy the body needs all available support for the development of its organs. The waste of nervous energy, which inevitably accompanies the act of masturbation, is of double significance at this critical period.

But even a strong and healthy body and a sound nervous system cannot withstand the drain very long if masturbation is practiced excessively. Sooner or later the time will come when the scales upon which the gain and loss is balanced tip to the losing side and the malefactor finds himself engulfed into that dangerous field of nervous breakdown which, like quicksand or a bottomless swamp, swallows the sinner the sooner, the more he struggles; unless, indeed, a steadfast determination to desist helps him onto solid ground.

The bad effects of masturbation usually manifest themselves first through a feeling of lassitude and mental languor. The culprit grows pale, loses flesh, cannot apply himself to his work, shuns physical exercise, complains of headaches, pressure on the brain, restless, nervousness. His

conduct is peevish, depressed and stupid; his sleep is disturbed by exhausting dreams and not refreshing. He avoids the company of his former playmates. Young people, theretofore upright and honest, begin to lie and evade serious questioning. Gradually the condition changes from bad to worse, as qualms of conscience arise or quack literature darkens still more a horizon already somber and gloomy. In extreme cases life seems wasted. It is impossible to escape the dark shadow cast by the seemingly approaching ruin. Desperation is at hand. The wreck is almost hopeless, and the subject of self-pollution is a burden to himself and others, unfit to fill his place as a member of the great human family.

Many other local symptoms accompany this general physical and mental breakdown. They are especially prominent with reference to the genitals. The penis begins to shrink and become flaccid. The erections, formerly good and strong, grow gradually weaker; the seminal discharges thinner and more watery. The irritability of the genitals increases often to such an extent that the rubbing of tight clothes, fondling of women, or even the thought of cohabitation, are sufficient to produce an involuntary discharge with a feeble or no erection.

On account of the hypersensitiveness of the urethral canal, urination becomes painful and gives rise to the impression that the urine is too hot. Frequently strictures develop, night emissions, or wet dreams, multiply; seminal losses at stool or while passing water begin and increase by their baneful influence on mind and body the al-

ready augmented difficulties.

That grave constitutional diseases, such as consumption, epilepsy and insanity, are also the direct consequences of masturbation, may be questioned. It can, however, be easily understood that those who are predisposed by inheritance or other circumstances, more readily fall victim to these diseases if their vitality is sapped by the vicious habit.

Treatment.—In order to remove the ill-effects it is, first and above all, necessary to stop the filthy habit. If it be the parents who read these lines, let them understand that it is necessary to be open and frank with their offspring and to thoroughly explain to him or her the viciousness of the act in kind and friendly words. This, however, should be done without destroying the hope of restoration. If the masturbator himself seeks this information, be it his consolation to learn that those stories of permanently ruined life, promulgated by unscrupulous quacks, are not true, and that there is hope in store for future health and happiness even for those who seem to be doomed to inevitable ruin. A good strong resolution to desist, strengthened by a hopeful spirit, will go far in overcoming the already developed consequences.

But how to conquer masturbation? The task is not easy! Sailing is smoothest in such instances in which a physical cause for the trouble can be found, as, for instance, in the case of pinworms, too narrow foreskin, irritation or inflammation under the foreskin, stone in the bladder, accumulation of feces in the rectum on account of

constipation, etc. Whatever is found to be the cause must be removed and the child admonished to resist. Without the necessary information, of course, this cannot be accomplished. All foolish prudery must be cast aside and some good plain heart to heart talk indulged in.

This course often suffices to bring about happy results. If not, it becomes necessary to resort to coercive measures. These are also required in cases where adults unconsciously, while sleeping, perform the act. Tying up the hands, enclosing the genitals in tight underwear, even caging of the penis, has been resorted to. Human ingenuity is great and these suggestions may suffice to stimulate our readers to find their own contrivance, best suited to the special case.

Evil consequences must be treated as they arise.

Special stress should be laid upon the improvement of the physical and mental condition in general, as it exerts a great influence upon the betterment of local conditions.

Plenty of fresh air and outside exercise are of good service. They improve the blood and divert and cheer the mind. Such sports, however, as tend to produce an irritation of the genitals should be abstained from. Among these may be mentioned bicycling, horse back riding, etc.

Bathing the genitals and their surroundings with cold water, morning and night, or only upon rising, has usually a wholesome influence; but there are cases where hot applications give better results.

The nourishment should be light and easily

digestible, but in plenty. Cooked fruit is of special service, as it moves the bowels. Stimulants of all sorts must be avoided, such as coffee, strong tea, beer, wine, whisky, brandy, etc.

Of medicines two kinds are of special value. First those which build up the body, and, second, those which quiet and soothe the irritated nerves.

The long list of the first class is headed by Iro-Tonic (Prescription 58). It contains a great quantity of nourishment, plenty of Iron for the formation of blood and Phosphorus for the restoration of the nervous system. Besides it is a splendid appetizer.

Prescription 58.

Iro-Tonic Original Package
One to two tablespoonfuls three times a
day before meals.

Less effective is the Elixir of Iron, Quinine and Strychnine (Prescription 59).

Prescription 59.

Elixir of Iron, Quinine and Strychnine Phos-
phates (U. S. P.) 4 ounces
One teaspoonful three times a day after
meals.

Syrup of Hypophosphites (Prescription 60)
is also frequently prescribed.

Prescription 60.

Syrup of Hypophosphites..... 4 ounces
One teaspoonful three times a day after
meals.

The best remedy of the second class is a combination of Bromides, in the proportions given in Prescription 61.

However, when taken for a long time, these latter sometimes cause a very itchy skin eruption. This is harmless and disappears as soon as the remedy is discontinued.

Prescription 61.

Potassium Bromide,
Sodium Bromide, each 1 ounce
Ammonium Bromide $\frac{1}{2}$ ounce
Syrup of Orange, enough to make..4 ounces
One-half to one teaspoonful three times a day.

For sleeplessness, caused by restlessness and not by pain, the Bromides will usually also do. If not, they should be combined with Chloral Hydrate (Prescription 62).

Prescription 62.

Hydrated Chloral 3 drachms
Potassium Bromide,
Sodium Bromide, each $1\frac{1}{4}$ drachms
Ammonium Bromide $\frac{3}{4}$ drachm
Syrup of Orange, enough to make 4 ounces
One tablespoonful in a glassful of water at bedtime.

This remedy gives the best satisfaction, must, however, be abstained from by persons who suffer from heart disease, as the result of preceding Rheumatism or La Grippe.

Trional (Prescription 63) is milder, but also less effective.

Prescription 63.

Trional 16 (to 32) grains
Take at bedtime with a swallow of warm water.

Special chapters have been devoted to "Seminal Losses," "Impotence," "Strictures," etc. To these we refer for information as to their treatment in order to avoid repetition.

CHAPTER XXXI.

WITHDRAWAL AND PROTRACTED COITION AND THEIR CONSEQUENCES.

By "Withdrawal" is understood the performance of the conjugal act in such a manner that the penis is withdrawn from the vagina before the semen is discharged.

By "Protracted Coition" is understood the holding back of the seminal discharge, which, however, is finally emitted into the vagina.

As with other unnatural acts, if indulged in habitually and persistently, these practices cannot but entail evil consequences.

Consequences to Men.—A feeling of fullness and weight in front of the rectum usually appears first. With this comes a desire to urinate frequently and speedily. It seems impossible to hold the water for any length of time. The stream becomes weak, the urine begins to smart. Dull, heavy sensations in and around the rectum, the legs, the abdomen, the back, etc., appear, and, if the practice is persisted in, all those symptoms gradually develop which have been enumerated in the previous chapter. It is true, the serious physical and mental breakdown caused by exces-

sive masturbation is rarely, if ever, reached; but the minor ills incident to this filthy habit seldom remain absent if withdrawal is continued.

With the advance of other symptoms, the virile power begins to fail. Erections become flabby and of short duration. The emissions are precipitated to the growing disgust of both parties concerned. A loss of semen with stool and during urination is also frequently encountered. The sexual appetite may be, but is usually not, impaired. In the beginning it is in some instances even increased to such an extent that desire is aroused at the slightest provocation, although the increasing flabbiness of the organ puts gratification beyond the pale of possibility.

As many of our readers may be curious to know why it is so important that the semen should be deposited within the vagina, an explanation will not be amiss.

It would, indeed, make no difference where the discharge occurs, were it not for the fact that emission is not nearly as complete and relaxing if it takes place outside the vagina. In consequence, the seminal organs are only partly relieved of their contents and remain congested. Their surroundings participate in this engorgement. The entire body reacts, and the complete relaxation and gratification, as after the normal act, is absent.

This very congestion, which fills the deeper parts of the urethra and its neighboring organs with stagnating blood, causes the dull feeling. It is of longer and longer duration, the oftener it occurs and finally becomes chronic. Inflammation

ensues and conditions develop similar to those caused by masturbation, a fact which accounts for the similarity of the symptoms.

Consequences to Women.—With women, conditions differ. They may, or may not, be affected by withdrawal. The explanation is this: The excitement caused by the act of copulation makes the blood rush to the sexual organs. Womb, Fallopian tubes, ovaries and ligaments become swelled and turgid during the act. The moment the woman “spends,” the nervous strain is relieved, the blood recedes, the turgescence vanishes and the female organs feel at ease.

If at any time this tide is interrupted and the flow staid before it reaches its culmination at the moment of “spending,” the relaxation is slow and incomplete. The genitals remain congested and it may take hours, perhaps days, before the normal condition is re-established.

No bad consequences to the woman follow withdrawal:

First, if the woman is frigid, that is, of cold, non-passionate nature—and very many are—and is sexually unresponsive. Then, no blood rushes to the genitals, none, therefore, need leave them.

Second, if the woman “spends” satisfactorily and the congestion, above referred to, is immediately relieved.

However, if, on account of withdrawal or too quick emission or any other reason, full satisfaction is withheld from the woman and a congested condition of the genitals remains, injurious consequences are inevitable. The dissatisfaction and quickly passing uneasiness, experienced at first,

soon turn into a continued feeling of heaviness and discomfort in the lower part of the abdomen. The oftener the unnatural act is performed, the more pronounced will the abnormal condition become and the longer will it last. Urination becomes frequent, whites appear, the monthly periods grow irregular, the bleeding profuse. There ensue bearing down feeling; pains in the back, legs and sides; weakness; nervousness; sleeplessness; and that train of ailments peculiar to women which so often seriously disturbs the happiness of the family.

It must, however, be understood that this state of chronic congestion of the female sexual organs is by no means always brought about by withdrawal alone. There are many other causes. But withdrawal being one of them, and a frequent one at that, we deem it wise to here call attention to the fact. It will, in many instances, undoubtedly, give an unsuspected clue and explain why so many women grow worse instead of better in spite of continued medical treatment. No wonder that no progress can be made under such circumstances, as the unnatural act, if frequently repeated, will undermine the health more rapidly than medical skill can build it up.

Treatment.—To stop withdrawal is the first and most essential step. If this be done and the sexual relations are for a while restricted as much as possible, slighter disturbances will disappear without further attention.

As to more serious consequences, we refer to the foregoing chapter. The treatment outlined there, will be effective here also.

CHAPTER XXXII.

LOSS OF SEMEN.

Loss of semen during sleep occurs periodical-ly in perfectly healthy men. It is accompanied by erections and erotic dreams and followed by a feeling of satisfaction and relief. The frequency varies with different individuals, but an emission once or twice a month, probably, represents the average.

Thus far we are within the normal limits. If, however, the losses become frequent, that is, more than once or twice a week; if they are followed by a feeling of distress and continued lassitude; if they occur without erotic dreams or with weak or no erections; if they take place during the day or when the bowels move or the urine is passed,—we are beyond the normal and in the realm of disease.

An irritation or inflammation in or around the deeper parts of the urethra, or a shattered nervous system, are the underlying causes.

These arise:

First, from self-abuse. This vice deserves the first and most prominent place. We have dwelt upon it at some length in an earlier chapter and will here only reiterate and emphasize the

fact that frequent losses of semen by day and by night, with or without erections, are conspicuous among the great variety of physical and mental disturbances following in its wake.

Second, from too frequent or protracted cohabitation or withdrawal. It is a matter of common knowledge that over-indulgence in the sweet pleasures of love has brought, and will continue to bring, ruin upon many an insatiable man. It is less known, but true nevertheless, that protracted cohabitation or withdrawal very often also leads to the same result. In both instances, abnormal loss of semen is by no means the first evil symptom, though it rarely fails to present itself in the course of time.

Third, from chronic gonorrhea and strictures. They are another frequent cause in consequence of the chronic irritation produced in the deeper parts of the urethra.

Fourth, from irritation of the sexual organs in consequence of an unclean or inflamed condition of the head of the penis, or of a too narrow or otherwise troublesome foreskin.

Fifth, from irritation of the urethra caused by diseases of the rectum, such as piles, fissures, polypi; by pin and tape worms; by constipation; by excessive bicycle and horse back riding, etc.

Sixth, from nervous shocks, such as from extreme fright, joy, chagrin, etc.

Seventh, from stimulants. The effect of alcohol is most pronounced. Even when used in moderation it may induce emissions in fairly normal men. If, however, indulged in excessively, or even moderately by men predisposed for other

reasons, the losses may become very frequent. Coffee and tea are less injurious, but may, at times, strike the finishing blow.

Symptoms.—There are two varieties of seminal losses:

First, the semen is discharged during the act of defecation or urination without any sexual sensation whatsoever. A person may not be aware of this abnormal condition until some day he is surprised to see some thick, sticky substance, resembling well cooked tapioca in appearance, oozing from the urethra at the end of urination or while sitting at stool.

Constipation usually furnishes the first impulse. The hard masses of feces press out the contents of the seminal vesicles. Later, however, as the organs continue to relax, less momentum is required. The emissions accompany normal or even thin, watery stools, or come at the end of urination. Occasionally the discharge precedes the urine. In still later stages even jumping, lifting, yes, walking, may occasion the seminal loss. Without stool or urination, more or less moisture, containing spermatozoa, appears at the outlet of the urethra upon such occasions.

The semen gradually changes its appearance during the course of the disease. It loses its thick, sticky consistency and grows thinner and more transparent. A microscopical examination reveals a still greater change. The spermatozoa, normally present in great number, well developed and lively in their movements, become gradually scarcer, begin to degenerate and look unfinished and lifeless.

The genitals need not be and, indeed, are not, changed in the beginning. Nor is the sexual power always decreased. As an illustration may be cited the case of a traveling salesman who consulted us on account of severe seminal losses at stool. They occurred almost daily while away from home. But in spite of this fact he never failed, upon his return, to give his wife a very satisfactory welcome.

The same is true of the general symptoms. A goodly number of those who are troubled with seminal losses of this form feel perfectly well. Others do not and suffer in various degrees, ranging from slight annoyances to rather severe types of nervous breakdown. The difference depends upon the underlying cause, that is, the existence of strictures, chronic gonorrhea, etc., and the presence of complications.

Second, the semen is emitted at special occasions during the night or day. The discharges are called "nocturnal or diurnal pollutions" according to the time of their occurrence.

This form usually begins with increased night emissions. At first, voluntary dreams and good erections accompany the losses. By degrees, these, however, fade away. With a vague or no pleasurable feeling whatever the semen flows from the flaccid organ, and the only evidence of the by-gone drama is a spotted night shirt or a besmeared skin. As the case progresses, losses during the day aggravate the condition. The embrace of a girl during dancing, a handshake, yes, the very presence of an attractive female, may suffice to provoke the emission.

The condition of the erections varies greatly. While in some instances they remain normal in spite of frequent pollutions. in the majority they soon begin to fail. The catastrophe may also be initiated by the failure of the erections. Gradually the emissions become precipitated, the flabbiness increases, the testicles hang low and appear soft and withered, the penis shrinks and its irritability and sensitiveness increase. To these symptoms may be added: Radiating pains in the spermatic cords, the groins and the bladder; furthermore lame back, pains in the stomach, loss of appetite, nervous dyspepsia, weakness, nervousness, palpitation of the heart, irritability, sleeplessness, dejection and despondency, etc.

It hardly ever happens that all symptoms are present at the same time. They develop now in this and then in that direction and, combining and grouping in different ways according to their basic cause, form ever-changing, kaleidoscopic pictures.

Treatment.—It is evident that a rational treatment of seminal losses cannot be given by laying down cut and dried rules. Causes and symptoms are so manifold that nothing but general outlines can do justice to all. One point, however, must be brought out emphatically and that is that the battle is more than half won if a local cause of the trouble can be detected and removed.

Therefore, everyone who suffers from seminal losses should first of all make an earnest effort to get at the root of the evil. It has been laid bare in its principal ramification in the foregoing pages. Eradicate it, if possible! Stop bad habits; bridle

your passions; cure chronic gonorrhea or strictures, if present; see that piles or other disorders of the rectum or foreskin are attended to; regulate the bowels and lead a moderate and healthful life!

The observation of this fundamental rule will, in light cases, very often be sufficient to bring about a perfect cure. Nothing is more harmful than to worry over, and become frightened at, an occasional seminal loss. If it does not occur oftener than once or twice a week, it requires no further attention, provided that no weakness or nervousness follow. To dwell or brood upon the matter unduly will usually lead from bad to worse and in consequence of the nervous strain increase the number and ill-effects of the emissions. A cheerful and hopeful state of mind is as great an ally in the treatment of sexual affairs as a gloomy and depressed spirit is a serious hindrance. The somber pictures portrayed in the advertisements of quacks are grossly overdrawn and tend to greatly aggravate the untoward condition. Beware of them and similar literature.

Exercise.—Violent exercise and over-exertion of the body are harmful. Among these may be mentioned: Long walks, jolting drives over rough roads, running, dancing, jumping, foot and baseball playing and, above all, bicycle and horseback riding.

But too little exercise and lack of fresh air are also harmful. Therefore, don't sit or lie around all day brooding over the discharges. Take a walk or walks, short at first, but increasing in length as may prove beneficial. A distance of from two to five miles a day may be covered if it

be broken by intervals of rest sufficiently long to avoid fatigue. The open air and the company of other people divert the mind into other channels and cause one to forget one's own affairs. A change of climate, a sojourn in the country or on the sea shore sometimes work wonders.

Bathing.—The use of water, either as full bath or as local application, is very often of decided benefit. The temperature, whether low or high, cannot always be decided off-hand. The general rule applies that a cold bath is preferable in all cases which present a lack of tone, a relaxation; a hot bath is more appropriate where irritability is excessive and the nervous system highly strung. Therefore, cold washings of the genitals and their surroundings usually are better in cases of seminal losses with stool and urine, while cases of precipitated emissions and day and night pollutions fare better with hot ablutions and hot hip and full baths. However, there are frequent exceptions. One's own experience soon furnishes the best criterion.

Cold local applications are best taken in the morning upon rising, but occasionally also before going to bed. They can, without danger, be applied daily. Not so with warm or hot procedures. Hot hip and full baths, ranging from 80 to 100 degrees F., should always be taken cautiously in the beginning. One or two a week are sufficient to start with, but their number may be increased as seems warranted. An overdose of these "water pills" is just as harmful as an overdose of drugs.

Surf baths or an addition of from one to five pounds or more of common sea or barrel salt to the

water of an ordinary tub bath, are often of greater service than the usual sweet water baths.

Diet.—No unusual restriction as to diet need be imposed in cases of seminal losses at stool and urination. The ordinary daily fare will suffice.

Not so in cases of precipitated emissions and pollutions. In these too much meat is of decided detriment and the allowance should be cut down to a moderate amount once a day at noon. A vegetable diet, with plenty of fruit and cereals and especially oatmeal, is preferable. Eggs are also permissible in moderation. Too highly seasoned and salted dishes are forbidden.

The last meal should be taken at least three to five hours before retiring, as a full stomach tends to produce emissions.

A like rule applies to beverages. No extraordinary restrictions need be made in cases of losses at stool and urination; all stimulants must, however, be avoided by those who have pollutions and precipitated emissions. Among these are: All fluids containing alcohol, that is, wine, beer, whisky, brandy, gin, etc.; and tea and coffee.

As a full bladder irritates the genitals and is likely to produce emissions, a restriction of fluids in the evening is advisable.

Bed.—The bed should not be too soft and the covering not too heavy.

Regularity of the Bowels.—The regularity of the bowels is of paramount importance in the treatment of both forms of seminal losses. Even the slightest constipation should receive attention. The accumulation of the refuse matter in the rectum is injurious in two ways: First, because it

results in a chronic congestion of the intestines and their surroundings and leads to piles and irritation of the seminal organs; second, because the hard lumps, on their way out, mechanically press the semen from the seminal vesicles (see Figure 29).

Strong purgatives, especially Aloes, should be avoided. They are harmful. It is far better to regulate the bowels by moderate exercise and proper diet, such as oatmeal, fruit, fresh vegetables, etc., than by drugs. Mild saline laxatives, such as Epsom and Rochelle salts, and also Castor Oil or Senna Tea, are preferable, if internal remedies must be resorted to.

Coition and Marriage.—As said on a former page, erections are frequently unimpaired in those who suffer from losses at stool and urination. Sexual intercourse, enjoyed in moderation, is under such circumstances not only not harmful, but in many instances beneficial. No one should, therefore, hesitate to consider marriage on account of these losses, provided that he is otherwise perfectly well and has fair erections. A well regulated marriage relation may even bring about a permanent cure.

Not so with those who suffer from precipitated emissions and pollutions. To seek a cure for this anomaly in marriage nearly always proves an utter failure. Coition must be abstained from in these cases as long as possible. More than that! Even sexual excitement of any kind should be anxiously forestalled, as nothing short of perfect rest of the sexual organs can restore the proper function of the sexual nerves. It may be

difficult for married men to follow this advice, but experience will teach them that the oftener an unsuccessful attempt is made, the worse the conditions grow. With a shattered courage and a waning hope, sexual power drifts hopelessly on a rough and tempestuous sea.

Suspensory.—The application of a tightly fitting suspensory is always advisable (see Chapter 26).

Irrigations.—Irrigations of the urethra have often proved satisfactory in results. This is especially true if cold water is used in cases of increased irritability in the deeper parts of the urethra, signified by precipitated emissions and day and night pollutions. These irrigations are made in precisely the same manner as described in Chapter 13, but using cold instead of hot water.

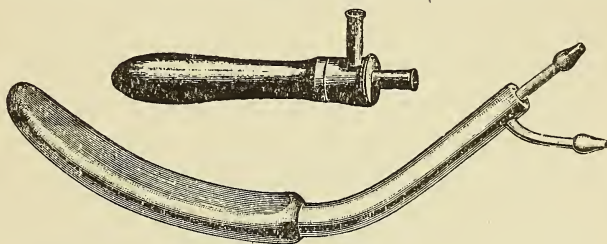


Figure 31. Rectal coolers.

The same precautions should be observed and the water be freshly boiled and cooled each time. For the rectum, another instrument may also be used (Figure 31), which cools the parts without distending the bowels with water.

The duration of the treatment should be short and the temperature of the water reduced gradually as the case warrants. It is sufficient to re-

peat this procedure daily or every other day. Hot irrigations produce better results only in the minority of these cases.

Instruments.—Passing a sound is another way of allaying the irritation, even in instances where no strictures exist, provided that the largest possible size is selected. Its very touch of the sensitive parts is healing. In all cases of strictures, from the slightest to the tightest, divulsion with a dilator (see Chapter 24) is far better.

Remedies.—Countless remedies have been recommended. Few have stood the test. Of these, Bromides are most universally used (Prescription 64). A large dose taken at bedtime prevents night losses in many instances.

Prescription 64.

Potassium Bromide,
Sodium Bromide, each 1 ounce
Ammonium Bromide $\frac{1}{2}$ ounce
Syrup of Orange, enough to make...4 ounces
One to one and a half teaspoonful at bedtime.

The same is true of Antipyrine (Prescription 65), taken in doses of from ten to twenty grains before retiring.

Prescription 65.

Antipyrine 1 ounce
Syrup of Orange,
Water, each enough to make.....4 ounces
One-half to one teaspoonful at bedtime.

Both remedies have their disadvantages. Not infrequently they fail to benefit and sometimes produce by-effects of unpleasant nature. Bromides, for instance, cause itching skin eruptions if taken continuously for an extended time.

Morphine and Heroine are also frequently prescribed. We advise against these remedies, as they are habit-forming drugs.

In the long run, Iro- Tonic Tablets (Prescription 66) give better and more lasting satisfaction than any of the above named remedies. They are perfectly harmless, but very effective and have rarely disappointed our expectations.

Prescription 66.

Iro-Tonic Tablets Original Package
Three tablets three times a day after meals.

CHAPTER XXXIII.

IMPOTENCE OR LOST MANHOOD

By "Sexual Impotence" is understood the inability to perform the act of sexual intercourse.

Causes.—We will omit from our enumeration all those instances where copulation is impossible on account of malformations, and turn our attention at once to those cases where the penis and the testicles are normally developed and coition is interfered with by reason of:

First, the flabbiness and non-turgescence of the organ.

Second, precipitated emissions.

Both calamities are usually combined. They spring from the same fountain and shall, therefore, be treated together.

The principal causes are:

First, over-indulgence in sexual intercourse. Any excess is followed by a re-action, proportionate to the abuse. Nowhere has this axiom proved truer than in sexual affairs. Moderation is the foundation upon which the future power rests. But what is moderation? It cannot be defined inflexibly. It all depends upon the individuality. Therefore, the question, put so frequently to the

physician: "How often can a man with impunity indulge in sexual intercourse?" cannot be answered off-hand. It is in sexual affairs as in all other things in life, as, for instance, in walking, eating, etc. What is moderation for one, is an excess for another, and vice versa. There is, however, an indicator upon which one can safely rely, namely, the personal feeling. It makes no difference how often intercourse is practiced, if once a month, once a week, or once a day; it is not injurious so long as a feeling of relief and buoyancy follows. If continued lassitude results; if headache, nervousness, dejection and other abnormal, unpleasant feelings ensue,—then, coition is injurious, even if practiced only once a month. The average, we admit, is considerably higher, and we do not consider ourselves far off the mark if we fix the normal, safe indulgence for the average, healthy married man at from one to three times a week. Striking examples of enormous sexual energy are on record. One of them is related by Professor Fuerbringer, of the University of Berlin, Germany. He refers as "*ein schier unglaubliches Unicum*" to the case of a 54 year old gentleman who for years relished the consummation of his marital rights twice a day.

Second, self-abuse, withdrawal and protracted coition. To these we have referred in previous chapters.

Third, strictures and chronic gonorrhea. We have spoken of these ailments at length in previous pages and will confine ourselves here to the mere mention of them on account of their potentiality for impotence. Strictures are so frequent-

ly the cause that they should be searched for in every case of this ailment.

The following minutes of an interesting case are very instructive: Finely developed, sturdy laborer, 39 years old, second time married with woman of 25. Notices a failing of his virile power since one and one-half years. Took first advertised "Lost Manhood Pills." No benefit! Was then treated by a "Medical Institute." No benefit! Saw then two physicians, who, without examining, prescribed drugs. No benefit! No semblance of erection was left when he first presented himself. He was downcast, dejected, mortified. Although he exhibited no symptoms of urethral trouble, upon examination several slight, but painful strictures were found near the bladder. These having been removed by dilation, the erections gradually returned.

Fourth, varicocele. In a great majority of cases varicocele has no influence whatsoever on the virile power of men. We know of a great number of instances where persons afflicted with large and voluminous varicoceles have perfect erections and a sexual capacity which is above the average. It can, however, not be denied that in some instances erections are impaired by this anomaly and can be improved upon by operation. It is, therefore, an absurdity to always see in the presence of a varicocele sufficient ground for an existing impotence, without taking other, more frequent causes into consideration.

Fifth, diabetes. By diabetes is understood a constitutional disease in which sugar is excreted with the urine. The latter must be examined to

detect the disease (see last chapter). Increased thirst and passing a great deal of water, say three to ten quarts a day, are the most prominent symptoms of this ailment. They may, however, also be absent and the diabetes be overlooked by otherwise competent physicians. The following case may serve as an illustration in point: A young student of medicine in one of our American universities noticed a gradual impairment of his erections. He consulted his professor first. A thorough local examination gave no clue. He saw two more physicians, also prominent in this specialty, with no better result. The fourth doctor, finally, took the trouble to examine the urine and, finding diabetes, laid bare the cause of the ailment.

Sixth, obesity. Not taking into consideration the exceptions, we can, generally speaking, take it for granted that with the increase of corpulence the sexual capacity decreases. In extreme cases complete impotence may prevail. If the fat is decreased by exercise and appropriate treatment, erections often return.

Eighth, intoxicants. Of the great variety of poisons consumed daily by human beings three, principally, interest us here:

Morphine. Those addicted to this drug usually first feel an increase of their sexual power; later a decrease is observed, which in most cases ends in complete impotence.

Alcohol. Small quantities of this stimulant increase the sexual desire by allowing the animal passions to prevail over the higher instincts. Thus it frequently happens that men who normally

abhor illicit relations fairly plunge into such adventures when more or less intoxicated.

But while the desire is increased, emission is usually retarded. It often takes an unusually long time before the act is consummated, increasing the probability of infection, if one be present.

Large quantities of alcohol, consumed habitually, make men unfit for copulation. Not only do erections fail, but the desire also vanishes; the flames of love and sexual passion become extinct.

Tobacco. It ordinarily has no deleterious influence, except when taken immoderately.

Seventh, kidney disease. In some cases Bright's disease (see last chapter) can undoubtedly be held responsible for the failure of the sexual power. But these instances are few and far between. We have mentioned them here because many of the laity too often place the blame upon this ailment.

Ninth, bicycle and horse back riding. These sports also at times exercise an unfavorable influence upon the sexual power. The constant jarring pressure weakens the prostate gland and other sexual organs and impairs their function. At the outset, speedy relief usually follows the discontinuance of the sport. Persistence in it may, however, make sexual gratification a thing of the past.

Tenth, locomotor ataxia. As with diabetes, so locomotor ataxia, a disease of the spinal cord, often develops the decrease or loss of sexual power as one of its earliest manifestations. Additional symptoms of this disease are given for identification: Darting pains in the legs; change in the

size of the pupils; inability to walk in the dark or with eyes shut; a feeling of numbness, or tingling or creeping sensations in hands and feet, giving the impression as if they were covered with thick stockings or mittens respectively; the feeling as of a tight belt around the waist; disturbances of the bladder; weakness in the legs; etc.

Eleventh, sexual neurasthenia. By sexual neurasthenia is understood a nervous break-down, resting upon a sexual basis. It is contracted by too frequent repetition of the normal sexual act, excessive masturbation, habitual protraction of coition by holding back the emission, habitual withdrawal, strictures, chronic gonorrhea, gleet, losses of semen at stool and urination, frequent wet dreams, etc.

The loss of virile power will occasionally result in any of these instances and the break-down be hastened more, the weaker the basis is upon which the nervous system and the physical being of the affected person rests.

Twelfth, age. The sexual appetite and power begin ordinarily to decrease at about the fiftieth year and are entirely extinguished at the sixty-fifth to seventieth year. Examples, however, are vouched for which go to show that in some extraordinary instances the sexual capacity continued to flourish up to the eightieth or even ninetieth or hundredth year. But only the exceptional few are thus "favored." The grunting complaint of an ebbing tide on the part of some old and feeble men with withered bodies, is, therefore, unwarranted. Nature's laws are inexorable. As vision or mental and physical elasticity, on the

average, decrease with age, so also does the sexual power participate in the decline.

Thirteenth, causes unknown. There is always a certain percentage of cases where no cause whatsoever can be detected. The generative organs are perfect, the penis is well developed, the testicles are hard and solid—and yet, erections are defective or wanting. These cases are classed as “Nervous Impotence,” indicating that the fault does not lie with the sexual organs but rather with those nerve centers in the spinal cord and brain that dominate them.

The total absence of any and all sexual inclination and impulse towards the opposite sex must be designated as a freak of Nature rather than a disease. This phenomenon is known as “Sexual Frigidity.” Though very frequent in women, it is rarely met with in men.

Much more frequent than sexual frigidity is another strange phenomenon, the so-called “Relative Impotence,” that is, the inability to copulate with one woman while the virile power is exuberant in the intercourse with another. Marriage is, unfortunately, very often the cradle of this anomaly. This truth is frequently borne out by the confessions of men who are utterly neglectful of their duties at home, but are vigorous and passionate in sexual alliances outside the marital fold. The “reason why” remains obscure. It is, certainly, not right to simply assume that “change makes appetite.” Nor can the superiority of the “other” woman always solve the riddle; for the person preferred is very often so far below the standard of the legitimate spouse,

physically and mentally, that it seems strange, indeed, that the sexual taste should go so far astray under the impelling force of animal passion. But it does. The same mysterious law of attraction and repulsion which directs to a large extent our other feelings also sways the sexual propensities. Whether an exchange of animal magnetism is the dominating factor, has never as yet been demonstrated; but our view inclines in that direction.

That continence can lead to total loss of virile power, has been denied by some and affirmed by others. The weight of authority is to the effect that it has never injured a healthy man. It can, however, not be gainsaid that the sexual impulse is ordinarily diminished by continence extended over a longer period of time. But this need not cause concern! A little practice will, on opportunity, soon restore the original vigor.

Temporary impotence is often experienced for some reason or another. Sudden fright, extreme joy, hard mental or physical labor, etc., may, for a while, destroy all sexual passion. The equilibrium restored, virility usually returns in its former strength.

So-called "notions" frequently impair and sometimes even totally destroy the sexual power. We must lay stress upon this fact, as the banishment of the "notion" and the restoration of confidence in one's own ability is often the only prerequisite necessary to a permanent cure. By "notion" is here understood the firm but erroneous belief that conditions exist which make intercourse impossible, as, for instance, a shriv-

eled penis, hanging testicles, a varicocele, etc.

A striking case in our own experience may serve as an elucidation:

Mr. M.S., merchant, had practised self-abuse in his younger days quite immoderately. Aroused by advertisements in the daily press and other vicious literature, he gradually became convinced that his former vice had made him impotent. He resolved to try and failed utterly. Discouraged and down-hearted he abstained from further attempts until two years later, when an unlooked for opportunity presented itself. He tried once more. Failure ensued again and also upon several following occasions. One day, however, after a social function, in which wine and champagne were indulged in freely, he visited a "lady friend" in an exhilarated mood. Forgetful of his former fears, he performed the act to his entire satisfaction. Thus convinced of his usefulness, his courage returned. He married and remained completely cured.

Symptoms.—The most conspicuous symptom of impotence is the imperfect erection or utter absence thereof on the one hand, and the precipitated emission on the other.

A general debility, physical and mental, is often associated with the local trouble. In many cases it is, however, wanting.

Treatment.—The treatment of impotence must always begin with the removal of the cause, if possible. It is of but little value to swallow medicines so long as the root of the evil remains undisturbed. This dislodged, the task is well in hand.

Diet.—The diet, in many instances, exercises a decided influence upon the sexual organs. Upon its selection often depends the success or failure of the treatment.

An ordinary mixed diet, well prepared and easily digestible, consisting of meats and vegetables, is usually right.

A preponderance of meats in the diet is preferable for those who suffer from feeble erections without frequent emissions and whose sexual organs need a stimulus. Meat spurs a sluggish circulation, especially if taken raw. It matters not where it comes from, whether from domestic or wild animals, so long as it is well borne by the stomach.

A number of other foodstuffs enjoy great popular prestige as sexual stimulants, namely: Raw eggs, celery, asparagus, raw oysters, etc. There is a reason for it, and they deserve a trial under such circumstances, though too great reliance should not be placed upon them.

A vegetarian diet is preferable in all cases where the sexual impairment comes from overstimulation, as in the case of precipitated emissions or day and night pollutions, the result of an increased irritability of the sexual organs or of the entire nervous system. The restriction of meat is, in such instances, often followed by a decided increase of the sexual power.

The vegetarian diet should be prepared in a pleasant, appetizing and easily digestible form. Pancakes, fried cakes, fried vegetables, freshly baked bread, etc., lie heavily upon the stomach and had better be avoided.

Leguminous dishes, such as peas, beans and lentils, merit special attention. Well cooked and made into soups and purees, they constitute a rich and most excellent food for those who must abstain from meats.

The quantity also is of importance. To take more food than is required is just as injurious as to fast unnecessarily. The weight of the body should be kept at the healthy average. Under and overweight both tend to diminish the sexual power.

Alcohol.—Most authorities agree that alcohol in all and every form must be absolutely avoided. The daily experience teaches that alcoholic stimulants, such as beer, wine, gin, ale, whisky, brandy, etc., inhibit the sexual function, though, we admit, they stimulate the desire by rousing the animal passion.

But there are frequent exceptions to this rule. The ingestion of a moderate amount of alcohol in a great number of instances has no influence whatever upon the sexual organs, neither for good nor bad. Sometimes, but more rarely, a positive benefit is derived from alcohol, as, for example, in such cases where want of self-confidence, dislike of a particular woman, marital indifference, too early emission, etc., present the stumbling block and are overcome by benumbing or removing that inhibitory influence of the mind which makes the act impossible.

Water.—In the treatment of impotence, hot and cold water has given just as favorable results as in the treatment of other sexual diseases. Many a case of failing power, frequent losses of

semen, precipitated emission, etc., will yield to this agent far better than to any medicine. We, therefore, refer to it with special emphasis.

The water can be applied either as wash, or hip-bath, or urethral irrigation, or rectal douche. Their different techniques have been described in former chapters, to which we here refer. Rectal and urethral applications are of special value.

Practical experience teaches that cold applications are beneficial in more cases than warm and hot ones. But we advise to proceed slowly and to only gradually descend to ice, or rise to hot water, as the benefit becomes apparent.

Massage.—If no infectious condition exists, that is, if there is no discharge from the urethra and the trouble not the result and remnant of a former gonorrhea,—massage is often of decided benefit. It is performed by gently kneading and squeezing the testicles, and clapping and hacking the inner surface of the thighs and the space between the rectum and the pouch of the testicles. It should be made once or twice a day and last from five to fifteen minutes.

Intercourse.—Sexual irritation of any sort, especially coition, must invariably be abstained from until recovery is complete. Repeated failures depress the mind and increase the difficulty.

Marriage.—This is, indeed, a very tender point. It is true, there are numerous cases where the regularity and frugality of married life uplifts the sunken virile power. But to advise marriage would be hazardous, as much depends upon the sexual disposition of the wife. To throw himself into the arms of an amorous and voluptuous

woman is for an impotent more than a mere misfortune to himself. An unhappy family life, a dissatisfied wife, infidelity in marriage, or even a scandalous divorce may be the result.

Medicines.—The less we can rely on drugs, the greater is usually the number recommended for a disease. So also in this case. Camphor, Strychnine, Ergot, Phosphorus, Cocaine, Atropine, and a host of others have been extolled by some, ridiculed by others. The fact is that they help in some, fail in other instances. A great many of the failures, however, are due, we think, not so much to the inertness of the remedy as to the neglect to remove the root of the evil. If over-indulgence in sexual intercourse, self-abuse, withdrawal or protracted coition, are stopped; if chronic gonorrhea, strictures, inflammation of the prostate gland, etc., are removed; if the abuse of alcohol, tobacco, morphine and other poisons, is checked at an early date; if a proper diet is selected,—appropriate remedies in connection with the water treatment will prove of great service in many instances theretofore intractable.

Of remedies which are serviceable, Iron, Strychnine, Phosphorus and Damiana, are the most valuable. These drugs are contained in most pills and tablets, sold under the names of "Nerve Pills," "Vitalizer," etc., or are prescribed by physicians as "Aphrodisiac Pills." These latter are ready-made remedies and can be bought at any drug store. The formula differs somewhat with different manufacturers. "Rhenoid" Aphrodisiac Tablets (Prescription 67) have proved to be the most satisfactory.

Iro-Tonic Tablets (Prescription 68) also give very satisfactory results, especially if supported by the raw yolk of an egg two or three times a day, the yolk to be taken before and the tablets after meals.

Prescription 67.

"Rhen" Aphrodisiac Tablets. . Original Package
One tablet three times a day after meals.

Prescription 68.

Iro-Tonic Tablets Original Package
Three tablets three times a day after meals.

CHAPTER XXXIV.

STERILITY.

By the term "Sterility" is meant the inability to procreate, that is, to beget children. The ability to copulate may be perfectly normal and yet men may be sterile, as we will see later. Sterility is, therefore, not identical with impotence, that is, the inability to copulate, and should not be confounded with it.

Sterility in Marriage.—Childlessness in marriage is one of the curses imposed upon humanity. It is, we admit, voluntary in some cases, in the great majority of instances, however, a most unwelcome state of affairs. A home without children cannot satisfy a noble, loving woman. She naturally seeks motherhood. The desire for offspring is so deeply implanted in the human heart that the denial of this marital satisfaction is frequently a source of profound unhappiness and dissatisfaction. So strong is this natural desire that no sacrifice seems too great to satisfy it, and many a woman gladly submits to long and painful medical treatment, or even operations, if but a semblance of hope brightens the horizon of prospect.

Percentage of Sterile Marriages.—We have touched upon this subject in Chapter 7. It was stated that about one and one-half million marriages are childless in the United States; that of these about 800,000 owe their calamity in this regard to the infection with the gonococcus; and that in about one of every three instances the husband is to blame.

Of this latter point the public seems to be strangely ignorant, and it is, unfortunately, also very often overlooked by physicians. Many of them, when a woman presents herself for treatment on account of supposed sterility, will ask no question as to the husband. Dilation of the vagina, the mouth and neck of the womb, abrasion of the mucous membrane of the womb, and many other operations are performed daily on women, without relief, in instances where the examination of the husband would at once prove him to be at fault.

Causes of Sterility.—It is beyond the scope of this book to enter more fully into the causes of sterility in women. They have been touched upon elsewhere in this book. The causes of sterility in men are here of interest.

Two different conditions may prevail:

First, the semen does not reach its destination, that is, the vagina, either because emission occurs before entrance is gained, or because the flabbiness of the organ makes intromission impossible.

Details as to these conditions can be found in the chapter on "Impotence."

Second, erections may be sufficient and intro-

mission possible, but impregnation is impossible either because no semen is discharged, or it is discharged improperly, or because the semen is devoid of that fertilizing principle, called "Spermatozoa."

(a) No seminal fluid. Cases where there is no discharge at all during coition are rare, but occur occasionally in consequence of malformation or inflammation of, or tumors in, the sexual organs or on account of other local or systemic diseases.

(b) The semen is discharged improperly. These cases are rather frequent. For an explanation we have to refer to the normal process. Under healthy conditions the semen is emitted in forceful jets, spurting, as it does, against the mouth of the womb. This way of spurting is of the highest importance in the process of fertilization as it greatly facilitates the reception of the spermatozoa safely within the cavity of the womb.

There are a number of obstacles which may interfere with the proper consummation of this act. To these belong principally:

Strictures.—We have referred to strictures as the cause of sterility in Chapter 24. They obstruct the free flow of semen long before the flow of water shows any abnormality. In light cases, the semen rather oozes out instead of being ejected; in severe cases, the discharge may be retained entirely and instead of flowing into the vagina be forced back into the bladder and appear in the urine.

Numerous cases are on record where the cure of strictures was followed by a speedy impregna-

tion of the wife.

Displaced Outlet of the Urethra.—It is evident that the spurting semen is diverted from its regular course if the outlet of the urethra is on the upper or lower part of the head of the penis. The discharge is, then, thrown against the walls of the vagina instead of against the mouth of the womb. Thus, the chances for the fertilizing elements to reach their natural destination are materially decreased, as their path is beset with many dangers before they are secured within the walls of the womb.

Too Narrow Foreskin.—Its effect may be twofold, either preventing a proper emission, or diverting the semen from its proper course.

(c) The semen is devoid of the fertilizing agency, the "Spermatozoa."

The semen consists, in the main, of a fluid and animalcule-like, microscopically small bodies, called "Spermatozoa" (Figure 32).

These latter are formed in the testicles and enliven the semen in enormous number. One hundred and twenty millions are, on an average, contained in one discharge. If placed under the microscope, they show a lively locomotion and present an extremely interesting picture, resembling very much that offered by a dense swarm of wriggling tadpoles in the corner of a pond.

One of these hundred and twenty million spermatozoa is sufficient to fertilize. Its union with the egg, which comes from the ovary of the woman, forms the starting point of a new human being.

As these spermatozoa are the only fertilizing

agents, it becomes evident that, where they are absent, fertilization is impossible in spite of an otherwise apparently perfect act.

The enormous number of spermatozoa in a normal discharge and their lively locomotion, where only one is needed for the purpose, bear



Figure 32. Normal semen as seen under the microscope., 1—spermatozoa, normally developed. The other, larger bodies are normal constituents of the seminal fluid.

witness to the fact that their search for the female egg must be a difficult task. And it is, indeed. The interior of the womb is a vast expanse in comparison with the infinitesimal size of the individuals of this great army of swarming harbingers of procreation. If, therefore, the number of spermatozoa is decreased; or their form is ill-developed; or their movement impaired,—the

chance of fertilization must, and does, decrease in proportion as those anomalies are developed.

The principal causes for such anomalies are:

First, gonorrhea. Gonorrheal inflammation of the testicles may either destroy their faculty to form spermatozoa or, oftener, close with exudation the canal of the spermatic cord and, thus, clog the way from the testicle to the urethra. If only



Figure 33. 1—unripe and degenerated spermatozoa, greatly diminished in number.

one testicle was attacked, the faculty of fertilization is decreased; if both were involved, it is lost in the majority of cases, but not necessarily in all.

In the face of the enormous prevalence of gonorrhea, one cannot wonder at the assertion that this disease makes far more sexual cripples, so far as procreation is concerned, than all other

diseases combined. We say "as far as procreation is concerned" advisedly, as the erections and the faculty of copulation is very often perfectly normal in spite of the fact that no spermatozoa are produced.

Second, sexual excesses, masturbation and frequent losses of semen. They are next in importance. In these instances the spermatozoa are



Figure 34. Seminal fluid containing pus. 1—white blood corpuscles, that is, pus cells. The spermatozoa are malformed and few in number.

usually not entirely absent, but comparatively few in number and malformed, as the continuous drain upon the testicles does not allow their product to ripen sufficiently.

Third, alcohol. Drunkards in all walks of life, whether they are addicted to beer and cheap

whiskies or to wine and champagne, are frequently unfruitful in consequence of the deleterious influence of alcohol upon the testicles.

Who is to Blame?—In one of every three instances sterility in marriage must, as stated above, be attributed to the husband. In the light of this fact, it becomes indispensable to call both husband and wife before the bar of investigation, if counsel is desired as to the cause of sterility. And the husband should be taken first. To begin with the

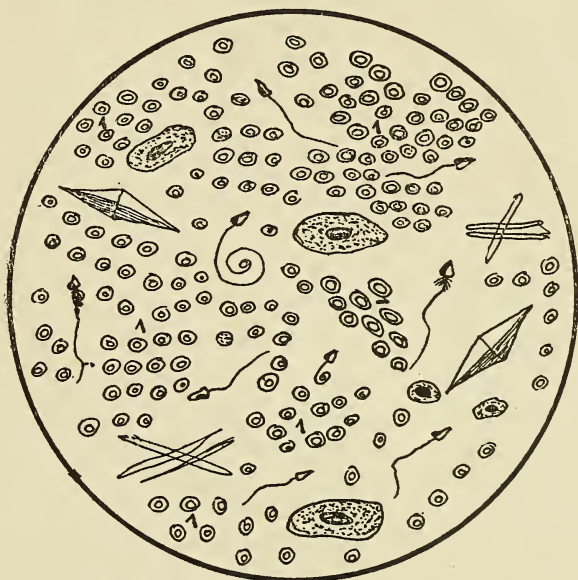


Figure 35. Seminal fluid containing blood. 1—red blood corpuscles. The spermatozoa are malformed and few in number.

woman is utterly wrong. What avails her sacrifice, her heroism, pressed to the limit of human endurance, if all that stands between her and her goal is the inertness of her husband's semen, the

absence of spermatozoa?

The examination of the husband is a matter of little trouble. An inspection of the semen under the microscope is all that is required to determine once for all and definitely whether or not the male organs functionate properly.

If this be made with the proper precaution and demonstrates that plenty of well developed,



Figure 36. Seminal fluid containing no spermatozoa, but only the other normal constituents.

quickly moving spermatozoa are in the semen (Figure 32), the procreative capacity of the husband cannot be doubted, provided the discharge is emitted properly. Then, and not until then, is the physician justified in looking to the woman for the cause of sterility.

If, however, the spermatozoa are few and far

between; if they are not fully developed and moving slowly and lifelessly (Figures 33 to 35), doubt as to the man's procreative capacity must arise and repeated examinations are required to come to a definite conclusion.

But if no spermatozoa at all (Figure 36) or only malformed or dead ones are encountered, the procreative capacity is absent, no matter how strong the erections or how exuberant and satisfactory the power of coition may be.

Treatment.—The treatment of sterility is rather discouraging, except in those instances where strictures interfere with the proper emission. Very happy results often follow the removal of this hindrance.

In cases of unripeness of the semen, in consequence of excesses, self-abuse and frequent losses, the outlook is also promising, if abuse and losses can be stopped.

But little, very little, can be expected in that majority of instances where the semen is devoid of spermatozoa because the testicles are ruined or their outlets clogged. And yet the proper diagnosis is also here of great importance, as it saves blameless women from unnecessary and wholly useless torture.

As to the treatment of sterility in consequence of impotence we refer to the foregoing chapter.

CHAPTER XXXV.

EXAMINATION OF URINE.

We cannot initiate our readers into those complicated chemical analyses which are required to make expert examinations. This would be impossible and is unnecessary. It will suffice here to show how to test the urine for pus, albumen and sugar, as these three substances concern him mostly.

The apparatus necessary consists of a test tube and an alcohol lamp. Both can be purchased at any drug store.

TEST FOR PUS.

Take a little urine in a test tube and add a few drops of a solution of Caustic Potash (Prescription 69). If the cloudiness consists of pus, the urine gelatinizes, that is, becomes thick and sticky; if there is no pus, it remains thin and fluid.

Prescription 69.

Potassium Hydrate	1-3 ounce
Water	2-3 ounce

TEST FOR ALBUMEN.

Fill test tube three quarters full of urine and boil upper part as shown in Figure 37. If the urine remains clear in the heated portion, no albu-

men is present and the kidneys are not diseased. If it becomes milky, add a few drops of strong vinegar or any other acid. Should, then, the cloudiness remain or grow more pronounced, albumen is present and the kidneys are diseased; if the cloudiness disappears, it has consisted of phosphates and does not indicate a disease of the kidneys.

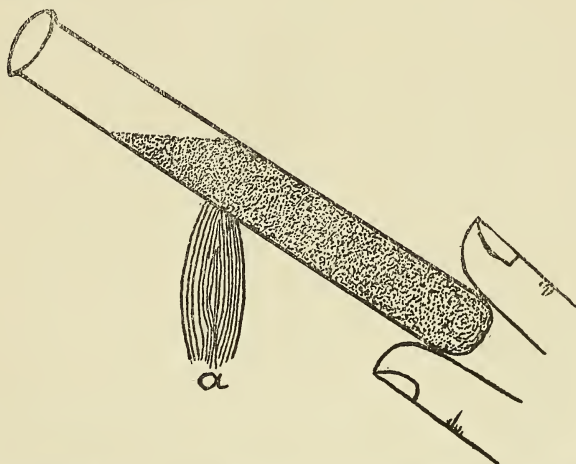


Figure 37. Test of urine for albumen. a—flame.

Those who take balsamic remedies may sometimes find a white precipitation in the heated portion which does not disappear upon the addition of acid and yet is not albumen. It comes from the remedy taken and disappears on the addition of alcohol, while albumen will remain unchanged.

TEST FOR SUGAR.

Take a little urine and add one-tenth of its quantity of the solution given in Prescription 70.

Then, shake and boil for three to five minutes (Figure 38). If sugar is present, the urine turns from dark brown to black according to the amount contained therein. In very light cases, the black

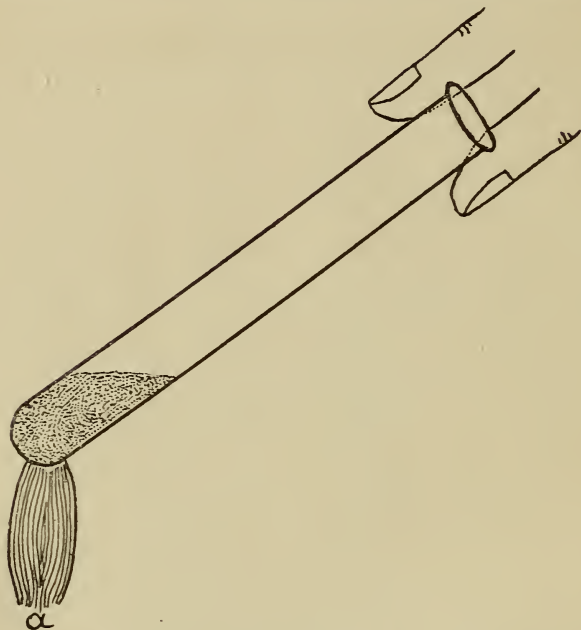


Figure 38.—Test of urine for sugar. a—flame.

color does not appear until after cooling, when it collects at the bottom of the tube as a black sediment.

Prescription 70.

Dissolve one drachm of Potassium and Sodium Tartrate in three and one-half ounces of a 10 per cent. solution of Potassium Hydrate, slightly warmed, and dissolve in this mixture one-half drachm of Bismuth Subnitrate. Allow to settle.

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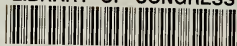
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